| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF WASHINGTON | - | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | |
|-----|---------------------|---|---|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your | e the name that is on government-issued | Sheranda First name | Johnnie First name |
| | exar | ure identification (for mple, your driver's use or passport). | Monick Middle name | Kay Middle name |
| | iden | g your picture tification to your ting with the trustee. | Searcy Last name and Suffix (Sr., Jr., II, III) | Searcy Last name and Suffix (Sr., Jr., II, III) |
| 2. | use | other names you have d in the last 8 years | FKA Sheranda Meadows | FKA Johnnie Melton FKA Johnnie K. Bazan |
| | | de your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-1023 | xxx-xx-1853 |
| 3. | your num Indi | r Social Security ober or federal vidual Taxpayer otification number | xxx-xx-1023 | xxx-xx-1853 |

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| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. Business name(s) | | |
| | | Business name(s) | | | |
| | | EINs | EINs | | |
| 5. | Where you live | 0740 C Haamas Ct #255 | If Debtor 2 lives at a different address: | | |
| | | 8740 S Hosmer St #255 Tacoma, WA 98444 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Pierce County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | Check one: Over the last 180 days before filing this petition, I | | |
| | | I have lived in this district longer than in any other district. | have lived in this district longer than in any other district. | | |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

| | Debtor 1 Sheranda Monick Searcy Debtor 2 Johnnie Kay Searcy | | | | | | Case number (if known) | | | |
|---------|---|---|--|--|---|---------------------------------------|------------------------|--------------------------|--|----|
| Par | t 2: | Tell the Court About \ | ∕our Bankı | ruptcy Ca | ase | | | | | |
| 7. | | chapter of the | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | | | | | |
| choosii | | sing to file under | Chapt | er 7 | | | | | | |
| | | | ☐ Chapt | | | | | | | |
| | | | ☐ Chapt | | | | | | | |
| | | | ☐ Chapt | | | | | | | |
| | | | | | | | | | | |
| 8. | How | you will pay the fee | abo ord a pi ■ I ne | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mone order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | , | | |
| | | | but app | is not req lies to yo | uired to, waive your fe ur family size and you | e, and may do so are unable to pay | only if your inco | ome is less than 150% of | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition. | at |
| 9. | | you filed for | □ No. | | | | | | | _ |
| | | ruptcy within the 3 years? | Yes. | | | | | | | |
| | | | | District | WAWBKE | When | 1/13/17 | Case number | 17-40312 | |
| | | | | District | | When | | Case number | | |
| | | | | District | | When | | Case number | | _ |
| 10. | | iny bankruptcy | ■ No | | | | | | | |
| | filed not f you, | s pending or being by a spouse who is ding this case with or by a business per, or by an ate? | ☐ Yes. | | | | | | | |
| | | | | Debtor | | | | Relationship to y | /ou | |
| | | | | District | | When | | Case number, if | known | _ |
| | | | | Debtor | | | | Relationship to y | · | |
| | | | | District | | When | | Case number, if | known | |
| 11. | | ou rent your | □ No. | Go to I | ine 12. | | | | | _ |
| | resid | ence? | Yes. | Has yo | our landlord obtained a | n eviction judgme | ent against you? | | | |
| | | | | | No. Go to line 12. | | | | | |
| | | | | | Yes. Fill out <i>Initial Sta</i> bankruptcy petition. | atement About an | Eviction Judgm | ent Against You (Form | 101A) and file it with this | |
| | | | | | pankruptcy petition. | | | | | |

| | otor 1 Sheranda Monick Johnnie Kay Sear | | | | Case number (if known) |
|---|---|--------------------|---|--------------------------------------|---|
| | | | | | |
| Par | Report About Any Bu | sinesses | You Owr | as a Sole Propriet | tor |
| 12. Are you a sole proprietor of any full- or part-time business? | | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of bus | iness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | te & ZIP Code |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: |
| | | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | 9 |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement cerations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedur 1 U.S.C. 1116(1)(B). | | |
| | For a definition of small | ■ No. | I am i | not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have An | / Hazardo | ous Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | <u>'</u> | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | |
| | of imminent and identifiable hazard to public health or safety? | — 163. | What is | the hazard? | |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Debtor 1 Sheranda Monick Searcy
Debtor 2 Johnnie Kay Searcy

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Part 16. | 6: Answer These Questi What kind of debts do | ons for Repo | | | | |
|--|---|----------------------------|--|----------------------------------|------------------------------|--|
| 16. | What kind of debts do | | rting Purposes | | | |
| | you have? | | re your debts primarily consurdividual primarily for a personal, | | | e defined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | | re your debts primarily busine oney for a business or investmen | | | |
| | | | No. Go to line 16c. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16c. St | ate the type of debts you owe th | at are not consume | er debts or bus | siness debts |
| 17. | Are you filing under Chapter 7? | □ No. I a | m not filing under Chapter 7. Go | o to line 18. | | |
| Do you estimate that after any exempt property is excluded and Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and | | | | | | |
| | administrative expenses are paid that funds will | | No | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 1 25,001-50,000 |
| | you estimate that you owe? | 50-99 | | ☐ 5001-10,000 | • | □ 50,001-100,000 |
| | | □ 100-199 □ 200-999 | | □ 10,001-25,000 | U | ☐ More than100,000 |
| 19. | How much do you | \$0 - \$50, | 000 | □ \$1,000,001 - \$ | \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,001 - | \$100,000 | \$10,000,001 - | | □ \$1,000,000,001 - \$10 billion |
| | | □ \$100,001 □ \$500,001 | | □ \$50,000,001 - □ \$100,000,001 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$50,0 | 000 | □ \$1,000,001 - S | \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | □ \$50,001 | | \$10,000,001 - | 1 | \$1,000,000,001 - \$10 billion |
| | | ■ \$100,001 □ \$500,001 | | □ \$50,000,001 - □ \$100,000,001 | | □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| | | — \$500,001 | - \$1 million | — \$100,000,00 | | |
| Part | 7: Sign Below | | | | | |
| For | you | I have exam | ined this petition, and I declare ι | under penalty of pe | erjury that the in | information provided is true and correct. |
| | | | | | | gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7. |
| | | | y represents me and I did not pa have obtained and read the noti | | | is not an attorney to help me fill out this b). |
| | | I request reli | ef in accordance with the chapte | er of title 11, United | d States Code, | , specified in this petition. |
| | | bankruptcy of and 3571. | nderstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a nkruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 d 3571. | | | |
| | | | da Monick Searcy Monick Searcy | | /s/ Johnnie I Johnnie Kay | |
| | | Signature of | | | Signature of D | |
| | | Executed on | December 30, 2019 MM / DD / YYYY | | Executed on | December 30, 2019 MM / DD / YYYYY |

| Debtor 1 Sheranda Monick Debtor 2 Johnnie Kay Sear | • | Cas | Case number (if known) | | | |
|---|--|------------------------------|---|--|--|--|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Un | ited States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) | | | |
| If you are not represented by an attorney, you do not need to file this page. | | | | | | |
| | /s/ Ellen Ann Brown | Date | December 30, 2019 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Ellen Ann Brown 27992 | | | | | |
| | Printed name | | | | | |
| | Brown and Seelye | | | | | |
| | Firm name | | | | | |
| | 744 S Fawcett Ave | | | | | |
| | Tacoma, WA 98402 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone 253-573-1958 | Email address | StopDebt@gmail.com | | | |

27992 WA Bar number & State

| Fill | in this information to identify your case: | | |
|------------|---|------------|----------------------------------|
| Deb | tor 1 Sheranda Monick Searcy | | |
| <u>.</u> | First Name Middle Name Last Name | | |
| ı | tor 2 Johnnie Kay Searcy Isse if, filing) First Name Middle Name Last Name | | |
| Uni | ed States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON | | |
| Con | a number | | |
| (if kn | e number | | ck if this is an ended filing |
| Su Be a | Ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende original forms, you must fill out a new Summary and check the box at the top of this page. | | |
| Par | 1: Summarize Your Assets | | |
| | | | assets e of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 14,920.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 14,920.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | | liabilities unt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 10,300.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 4,800.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$_ | 163,285.93 |
| | Your total liabilities | \$ | 178,385.93 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,325.48 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,306.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other s | chedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | al, family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,861.56

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 4,800.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 26,000.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 30,800.00 |

| Fill in this info | rmation to identify your case a | and this filing: | | |
|--|--|---|---|---------------------------------------|
| Debtor 1 | Sheranda Monick Sear | CY Middle Name Last Name | | |
| Debtor 2 | Johnnie Kay Searcy | | | |
| (Spouse, if filing) | First Name | Middle Name Last Name | | |
| United States E | Bankruptcy Court for the: WES | TERN DISTRICT OF WASHINGTON | | |
| Case number | | | | ☐ Check if this is an |
| Cuco Humbon | | | | amended filing |
| | | | | |
| Official F | orm 106A/B | | | |
| | le A/B: Propert | V | | 40/45 |
| | | y . List an asset only once. If an asset fits in more than on | | 12/15 |
| think it fits best. | Be as complete and accurate as pore space is needed, attach a sepa | ossible. If two married people are filing together, both are rate sheet to this form. On the top of any additional page | e equally responsible for sup | plying correct |
| Part 1: Describ | e Each Residence, Building, Land, | or Other Real Estate You Own or Have an Interest In | | |
| 1. Do you own o | r have any legal or equitable intere | st in any residence, building, land, or similar property? | | |
| _ | | 5, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1 | | |
| No. Go to P | | | | |
| ☐ Yes. Where | e is the property? | | | |
| | | | | |
| Part 2: Describ | e Your Vehicles | | | |
| 3. Cars, vans, t ☐ No ■ Yes | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| 3.1 Make: | Jeep | Who has an interest in the property? Check one | Do not deduct secured cla | ims or exemptions. Put |
| Model: | Patriot | Debtor 1 only | the amount of any secured Creditors Who Have Claim | |
| Year: | 2008 | Debtor 2 only | | |
| Approxim | ate mileage: 161000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other info | ormation: | ☐ At least one of the debtors and another | | |
| | | ■ Check if this is community property (see instructions) | \$8,000.00 | \$8,000.00 |
| Examples: Bo ■ No □ Yes 5 Add the dol pages you l Part 3: Describ | oats, trailers, motors, personal water trailers, motors, personal and trailers, personal and trailers, motors, personal water trailers, personal water trailers, motors, personal water trailers, p | and other recreational vehicles, other vehicles, and attercraft, fishing vessels, snowmobiles, motorcycle act of the following items? | r entries for | \$8,000.00 |
| | | | Ď | ortion you own? o not deduct secured |

claims or exemptions.

Schedule A/B: Property page 1

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Official Form 106A/B

| Debtor 1 Debtor 2 | | y Searcy | Case number (if known) | |
|---|--|--|--|--------------------------|
| | | furnishings nces, furniture, linens, china, kitchenware | | |
| ■ Yes | s. Describe | | | |
| | | Used Household Goods and Furnishings | | \$4,000.00 |
| □ No | including ce | and radios; audio, video, stereo, and digital equipment; compu Il phones, cameras, media players, games | ters, printers, scanners; music collecti | ons; electronic devices |
| | | Computers, game consoles, tablets, stereo equip and other electronic equipment | ent, cell phones, | \$1,200.00 |
| Exam ■ No | other collect | d figurines; paintings, prints, or other artwork; books, pictures, ditions, memorabilia, collectibles | or other art objects; stamp, coin, or ba | seball card collections; |
| 9. Equip Exam | musical inst | ographic, exercise, and other hobby equipment; bicycles, pool | tables, golf clubs, skis; canoes and ka | ayaks; carpentry tools; |
| 10. Firea <i>Exar</i> ■ No | arms mples: Pistols, rifle | es, shotguns, ammunition, and related equipment | | |
| ☐ No | mples: Everyday o | clothes, furs, leather coats, designer wear, shoes, accessories | | |
| ■ Yes | s. Describe | Clothing | | \$1,000.00 |
| □ No | <i>mples:</i> Everyday j | ewelry, costume jewelry, engagement rings, wedding rings, hei | rloom jewelry, watches, gems, gold, s | |
| Exar ■ No | farm animals mples: Dogs, cats s. Describe | | | |
| ■ No | - | nd household items you did not already list, including any | health aids you did not list | |
| | | e of all of your entries from Part 3, including any entries for t number here | . • • | \$6,400.00 |
| Official Fo | orm 106A/B | Schedule A/B: Property | | page 2 |

Case 19-44082-MJH Doc 1 Filed 12/30/19 Ent. 12/30/19 10:26:16 Pg. 11 of 82

| | ebtor 1 ebtor 2 | | Monick Searcy Kay Searcy | | Case number (if known) | |
|-----|--------------------|----------------|---|--|--|---|
| D- | rt 4: Dos | scribo Vour Ei | nancial Assets | | | |
| | | | | st in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No · | | ou have in your wallet, in you | • | d on hand when you file your petition | |
| | | | | | Cash on hand | \$20.00 |
| 17. | | | | accounts; certificates of deposit; sounts with the same institution, list | shares in credit unions, brokerage hou each. | ses, and other similar |
| | Yes | | | Institution name: | | |
| | | | 17.1. | | avings: Bank of America; happ \$0.00; Gobank \$5.00 | \$500.00 |
| | ■ No □ Yes | oles: Bond fur | Institution or iss | th brokerage firms, money market a suer name: | | |
| 19. | joint v | | d stock and interests in inc | corporated and unincorporated I | businesses, including an interest ir | an LLC, partnership, and |
| | _ | Give specific | information about them Name of entity: | | % of ownership: | |
| 20. | Negoti | able instrume | ents include personal checks | negotiable and non-negotiable in s, cashiers' checks, promissory not ot transfer to someone by signing o | es, and money orders. | |
| | _ | Give specific | information about them Issuer name: | | | |
| 21. | Examp | | ion accounts in IRA, ERISA, Keogh, 401(| (k), 403(b), thrift savings accounts | , or other pension or profit-sharing pla | ns |
| | ■ No □ Yes. | List each acc | ount separately. Type of account: | Institution name: | | |
| 22. | Your sl | hare of all un | | de so that you may continue servic rent, public utilities (electric, gas, w | ce or use from a company vater), telecommunications companies | s, or others |
| | ■ No □ Yes. | | | Institution name or ind | ividual: | |
| 23. | Annuiti ■ No | ies (A contra | ct for a periodic payment of r | money to you, either for life or for a | a number of years) | |
| | ☐ Yes | | Issuer name and description | on. | | |
| 24. | 26 U.S.0 | | ation IRA, in an account in 1), 529A(b), and 529(b)(1). | າ a qualified ABLE program, or ບ | under a qualified state tuition progr | am. |
| | ■ No □ Yes | | Institution name and descri | ription. Separately file the records o | of any interests.11 U.S.C. § 521(c): | |

Official Form 106A/B Schedule A/B: Property page 3

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| | ebtor 1 ebtor 2 | Sheranda Monick Searcy Johnnie Kay Searcy | Case number (if known) | |
|-------|--------------------|---|---|--|
| 25. | Trusts, | equitable or future interests in property (other than anything listed in lir | ne 1), and rights or powers exercis | able for your benefit |
| | ■ No | City and difficult information about them | | |
| | | Give specific information about them | | |
| 26. | _Examp | s, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing a | agreements | |
| | ■ No □ Yes. | Give specific information about them | | |
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liq | uor licenses, professional licenses | |
| | | Give specific information about them | | |
| M | oney or I | property owed to you? | | Current value of the |
| | , | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | unds owed to you | | |
| | ■ No □ Yes. | Give specific information about them, including whether you already filed the r | eturns and the tax years | |
| | | | | |
| 29. | _ ` | support les: Past due or lump sum alimony, spousal support, child support, maintenar | nce, divorce settlement, property sett | lement |
| | ■ No □ Yes. | Give specific information | | |
| | | · | | |
| 30. | Examp | mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay benefits; unpaid loans you made to someone else | , vacation pay, workers' compensati | on, Social Security |
| | ■ No | Give specific information | | |
| 24 | | | | |
| 31. | | ts in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, | homeowner's, or renter's insurance | |
| | | Name the insurance company of each policy and list its value. | | |
| | | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policine has died. | y, or are currently entitled to receive | property because |
| | ■ No □ Yes. | Give specific information | | |
| 33. | _Examp | against third parties, whether or not you have filed a lawsuit or made a les: Accidents, employment disputes, insurance claims, or rights to sue | demand for payment | |
| | ■ No □ Yes. | Describe each claim | | |
| 34 | Other o | ontingent and unliquidated claims of every nature, including countercla | ims of the debtor and rights to set | off claims |
| · · · | ■ No | g | 0 | |
| | ☐ Yes. | Describe each claim | | |
| 35. | _ ` | ancial assets you did not already list | | |
| | ■ No □ Yes | Give specific information | | |
| | <u> </u> | Cito opeonio informationi. | | |

Official Form 106A/B Schedule A/B: Property page 4

| Debi | - · · · · · · · · · · · · · · · · · · · | | Case number (if known) | |
|--------------|---|----------------------------|---------------------------|------------------|
| 36. | Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here | | | \$520.00 |
| Part | Describe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ate in Part 1. | |
| 37. D | o you own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| Part | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| | o you own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | o you have other property of any kind you did not already list Examples: Season tickets, country club membership | ? | | |
| | No Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$8,000.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$6,400.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$520.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$14,920.00 | Copy personal property to | stal \$14,920.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$14,920.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this inforn | Fill in this information to identify your case: | | | | |
|---------------------|---|--------------------|---------------|---|---------------------|
| Debtor 1 | Sheranda Monick | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Johnnie Kay Sea | rcy | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | WESTERN DISTRICT C | DF WASHINGTON | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| | | | | · | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | Li You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
|----|---|--|------|---|-----------------------|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Cne | eck only one box for each exemption. | | | |
| | Used Household Goods and Furnishings | \$4,000.00 | | \$4,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Computers, game consoles, tablets, stereo equipent, cell phones, and | \$1,200.00 | | \$1,200.00 | 11 U.S.C. § 522(d)(3) | | |
| | other electronic equipment Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | Ellie IIdiii denedale AVB. TTT | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(4) | | |
| | Elle II oli osilodale ii 2. v 2 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Cash on hand Line from Schedule A/B: 16.1 | \$20.00 | | \$20.00 | 11 U.S.C. § 522(d)(5) | | |
| | Line from Schedule AVD. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| Debtor 1 Debtor 2 | Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known |) | |
|----------------------|---|---|--|------------------------------------|--|
| | description of the property and line on dule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| | cking and/or savings: Bank of erica; Paypal \$0.00; Cashapp | \$500.00 | \$500.00 | 11 U.S.C. § 522(d)(5) | |
| \$0.0 | 0; Gobank \$5.00 from Schedule A/B: 17.1 | 100% of fair market value, up to any applicable statutory limit | | | |
| (Sub | No | 3 years after that for ca | 0? ases filed on or after the date of adjustmentation in the control of the contr | , | |
| | □ No | | | | |

Official Form 106C

☐ Yes

Schedule C: The Property You Claim as Exempt

| Fill by this inform | | | | | |
|--|------------------------------|--|--------------------------|--|--------------------------|
| | ation to identify you | | | | |
| Debtor 1 | Sheranda Monio | K Searcy Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) | Johnnie Kay Se First Name | Middle Name Last Name | | | |
| United States Ban | kruptcy Court for the: | WESTERN DISTRICT OF WASHINGTON | | | |
| Coco number | | | | | |
| Case number (if known) | | | | ☐ Check | if this is an |
| | | | | amend | led filing |
| Official Form | 106D | | | | |
| Official Form | | \A# | | | |
| Schedule I | D: Creditors | Who Have Claims Secure | ed by Property | <u>y </u> | 12/15 |
| | | If two married people are filing together, both are eout, number the entries, and attach it to this form. | | | |
| • | nave claims secured by | your property? | | | |
| ☐ No. Check | this box and submit th | nis form to the court with your other schedules. | You have nothing else to | o report on this form. | |
| _ | all of the information l | • | · · | • | |
| | Secured Claims | 5515 W. | | | |
| | | more than one accurred claim, list the araditar concrete | Column A | Column B | Column C |
| for each claim. If mo | ore than one creditor has | nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Credit Acc | eptance Corp | Describe the property that secures the claim: | \$8,000.00 | \$8,000.00 | \$0.00 |
| Creditor's Name | | 2008 Jeep Patriot 161000 miles | | | |
| DO Day 55 | 000 Dant | | | | |
| PO Box 55 188801 | ooo bept | As of the date you file, the claim is: Check all that | | | |
| Detroit, MI | 48255 | apply. ☐ Contingent | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who owes the deb | ot? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | | ecured | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 1 | ntor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this cla | | Other (including a right to offset) Auto Loa | n | | |
| community deb | | | | | |
| Date debt was incu | rred | Last 4 digits of account number | | | |
| 2.2 Progressiv | e Leasing | Describe the property that secures the claim: | \$300.00 | \$300.00 | \$0.00 |
| Creditor's Name | | Phone | | | |
| | | | | | |
| PO BOX 41 | 13110 | As of the date you file, the claim is: Check all that | | | |
| | City, UT 84141 | apply. ☐ Contingent | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who owes the deb | ot? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (such as mortgage or s car loan) | ecured | | |
| ■ Debtor 2 only ■ Debtor 1 and Debtor 1 | htor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this cla | im relates to a | Other (including a right to offset) PMSI | | | |
| Date debt was incu | rred | Last 4 digits of account number | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 | Sheranda Monic | k Searcy | y | | Case number (if known) | | |
|-------------------|---|-------------------|---|------------------|------------------------|------------|--------|
| | First Name | Middle Name | Last Name | _ | | | |
| Debtor 2 | Johnnie Kay Se | arcy | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| 2.3 Sna | ap Finance | Descr | ibe the property that secures | s the claim: | \$2,000.00 | \$2,000.00 | \$0.00 |
| Credi | itor's Name | Bed | | | | | |
| | 60 2100 S #26561 t Lake City, UT 8 | apply. | the date you file, the claim is | : Check all that | | | |
| Numl | ber, Street, City, State & Zi | | liquidated | | | | |
| Who owe | s the debt? Check or | | sputed e of lien. Check all that apply. | | | | |
| ☐ Debtor ☐ Debtor | • | | agreement you made (such as ar loan) | s mortgage or s | secured | | |
| Debtor | 1 and Debtor 2 only | ☐ Sta | atutory lien (such as tax lien, m | echanic's lien) | | | |
| ☐ At least | t one of the debtors and | l another 🔲 Ju | dgment lien from a lawsuit | | | | |
| | if this claim relates to nunity debt | o a Ot | her (including a right to offset) | PMSI | | | |
| Date debt | was incurred | | Last 4 digits of account nur | mber | | | |
| | | | | | | | |
| Add the | dollar value of your e | ntries in Column | A on this page. Write that nur | mber here: | \$10,300 | 0.00 | |
| | the last page of your | form, add the dol | ar value totals from all pages | s. | \$10,300 | 0.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

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| Debtor 1 Sheranda Monick Searcy Sheranda Mon | | | | | | |
|---|---|---|--|---|--|--|
| Debtor 2 Johnnie Kay Searcy Frez Name Johnnie Kay Searcy Midde Rome Loze Name Johnnie Kay Searcy Frez Name Midde Rome Loze Name Johnnie Kay Searcy Frez Name Midde Rome Loze Name Johnnie Kay Searcy Frez Name Midde Rome Loze Name Johnnie Kay Searcy Frez Name Midde Rome Loze Name Johnnie Kay Searcy | Fill in this inform | ation to identify your case: | | | | |
| Debtor 2 Johnnie Kay Searcy Case number Case number Check if this is an arrended filing | Debtor 1 | | | | | |
| Check if this is an amended filing | Dobtor 2 | | ldle Name Last Name | | | |
| Case number Chock if this is an amended filling | | | ldle Name Last Name | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with RRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any searcitory contracts or incapating disease that crosel research to your party of the party of | United States Ban | kruptcy Court for the: WESTE | RN DISTRICT OF WASHINGTON | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any sourcitory contracts or misphele disease that cross the disease that a colin. After the claims as additional page of the party to any sourcitory contracts or of Schedule After Property (Official Form 106APs) and on any sourcitors continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ranner and case number (if known). Parts III stall at 10 Youry PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? 1. No. So to Part 2. 2. List all of your priority unsecured disting. If is creditor has a more than now pictory unsecured claims. Survey and the complete property in the claims has been been been property and nonepage of Part. If more than one explanation of each type of claim. It is the claims as aboth plothly and nonepage property in the claim has the creditor and page and pag | Case number | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to you executory contracts or unexplied leases that could result in a claim. As to site accurate on Schedule ARI: Property (Official Form 106ARI) and on any executory contracts on Schedule ARI: Property (Official Form 106ARI) and on support of the contracts of Schedule ARI: Property (Official Form 106ARI) and on the contracts on Schedule ARI: Property (Official Form 106ARI) and on the contracts of Schedule ARI: Property (Official Form 106ARI) and on the contracts on Schedule ARI: Property (Official Form 106ARI) and on the contracts on Schedule ARI: Property (Official Form 106ARI) and on the contracts on Schedule ARI: Property (Official Form 106ARI) and on the contract on Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official Form 106ARI) and on the contract of Schedule ARI: Property (Official | | | | | ☐ Check | if this is an |
| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to properly in the party to complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to properly in the party to properly to properly in the party to properly to properly in the party to properly in the party to properly to properly in the party to properly to properly in the party to properly in the party to properly to properly in the party to properly to p | | | | | amend | ed filing |
| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to properly in the party to complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to properly in the party to properly to properly in the party to properly to properly in the party to properly in the party to properly to properly in the party to properly to properly in the party to properly in the party to properly to properly in the party to properly to p | Official Form | 106E/E | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NorRIORITY claims. List the other party to any executory contracts or unerprise cleases that could result in a claim. Also list sexecutory contracts or decidinal priority and normal priority and properly and on Schedule Dr. Creditions Who Have Claims Secured by Properly, if more space is needed, copy the Part you need, fill it out, marked in the continuation Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if norm). Part 32 List All of Your PRIORITY Unsecured Claims 1 Do any creditors have priority unsecured claims against you? Part 32 List All of Your Priority unsecured claims against you? 1 No. Go to Part 2. 1 Yes. 2 List all of Your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in high and the claims and all the claims have an another of the claims and the claims have an another of the claims have an another of the claims and the claims have an another of the claims and the claims have an another of the claims and the claims and the claims have an another of the claims and the claims an | | | we Unescured Claims | | | 40/4E |
| any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106C). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors With Partial Secured claims and the secured claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the manner of the convol. Fart III | | | | | DDIODITY -I-i I i | |
| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | any executory contr Schedule G: Execut Schedule D: Credito left. Attach the Cont | acts or unexpired leases that could ory Contracts and Unexpired Lease ors Who Have Claims Secured by Pr inuation Page to this page. If you h | result in a claim. Also list executory contract is (Official Form 106G). Do not include any cre operty. If more space is needed, copy the Part | ts on Schedule A/B: P editors with partially s t you need, fill it out, i | roperty (Official For ecured claims that a number the entries in | m 106A/B) and on re listed in n the boxes on the |
| No. Go to Part 2. ves. | Part 1: List All | of Your PRIORITY Unsecured | Claims | | | |
| Yes. Yes. | 1. Do any creditor | rs have priority unsecured claims a | gainst you? | | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor sparately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts, but much as possible, list the claim site por of claim. It is a claim has both priority and nonpriority amounts, but much as possible, list the claim site por claim. It is a claim has both priority and nonpriority amounts. As much as possible, list the claim site is a claim. It is a continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Internal Revenue Service Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 | ☐ No. Go to Pa | art 2. | | | | |
| identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, is the claims in alphabetical order according to the receditors name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim | Yes. | | | | | |
| Internal Revenue Service | identify what typ possible, list the | e of claim it is. If a claim has both prio claims in alphabetical order according | rity and nonpriority amounts, list that claim here a g to the creditor's name. If you have more than tw | and show both priority a | nd nonpriority amount | s. As much as |
| Internal Revenue Service | (For an explana | tion of each type of claim, see the inst | ructions for this form in the instruction booklet.) | T .(.) | B.44 | M |
| Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? North Caroling DOR Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Carolingent Check if this claim is for a community debt is the claim subject to offset? Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated North Caroling DOR Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Contingent Disputed Type of RIORITY unsecured claim: Contingent Disputed Type of RIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Contingent Debtor 1 only Disputed Type of RIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you we | | | | l otal claim | • | |
| PO BOX 7346 Philadelphia, PA 19101 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 fis death is for a community debt is the claim is for a community debt is the claim subject to offset? North Caroling DOR Phonty Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Notice Only Last 4 digits of account number \$4,800.00 \$4,800.00 \$0.0 | | | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 |
| Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. Check if this claim goor Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Check if this claim is for a community debt label or 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Taxes and certain other debts you owe the government Check if this claim is for a community debt label or 1 and Debtor 2 only Other. Specify North Caroling DOR Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disputed Contingent Disputed Type of PRIORITY unsecured claim: Contingent Debtor 1 and Debtor 2 only Disputed Debtor 1 and Debtor 2 only Disputed Check if this claim is for a community debt late subject to offset? Taxes and certain other debts you owe the government Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt late and certain other debts you owe the government Check if this claim is for a community debt late and certain other debts you owe the government Check if this claim is for a community debt late and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | | When was the debt incurred? | | | t the other party to n 106A/B) and on e listed in the boxes on the ages, write your ach claim listed, and ach claim listed, and a sustion Page of Nonpriority amount \$0.00 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Denote of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Notice Only 2.2 North Caroling DOR Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Disputed Type of PRIORITY unsecured claim: Contingent Disputed Type of PRIORITY unsecured claim: Contingent Disputed Type of PRIORITY unsecured claim: Contingent Disputed Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated | | | | | - | |
| Debtor 1 only Unliquidated Debtor 2 only Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Debtor 1 and Debtor 3 only Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? Other. Specify Notice Only North Caroling DOR Last 4 digits of account number \$4,800.00 \$4,800.00 \$0.00 | Number Str | reet City State Zip Code | As of the date you file, the claim is: Check a | all that apply | | |
| Debtor 2 only | | | ☐ Contingent | | | |
| Debtor 1 and Debtor 2 only | ■ Debtor 1 or | nly | ☐ Unliquidated | | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? Notice Only Last 4 digits of account number POBOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Notice Only No | Debtor 2 or | nly | ☐ Disputed | | | |
| Check if this claim is for a community debt Is the claim subject to offset? No Yes North Caroling DOR Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No No No Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | Debtor 1 ar | nd Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| Is the claim subject to offset? No Other. Specify Notice Only North Caroling DOR | ☐ At least one | e of the debtors and another | ☐ Domestic support obligations | | | |
| Notice Only North Caroling DOR | ☐ Check if th | nis claim is for a community debt | | _ | | |
| Notice Only North Caroling DOR | | ubject to offset? | ☐ Claims for death or personal injury while yo | ou were intoxicated | | |
| North Caroling DOR | | | | | | |
| Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | ☐ Yes | | Notice Only | | | |
| Priority Creditor's Name PO BOX 25000 Raleigh, NC 27640 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | 2.2 North Ca | aroling DOR | Last 4 digits of account number | \$4.800.00 | \$4.800.00 | \$0.00 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | Priority Cre PO BOX | ditor's Name 25000 | | Ψ 1,000.00 | | |
| Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Contingent Contingent Check one. Contingent Check if under the debt one. Contingent Check if this claim Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Contingent Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Contingent Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Contingent | Raleigh, | NC 27640 | As of the date you file the claim is: Check a | all that annly | | |
| □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ O | | | _ | ан ини ирріу | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify | Debtor 1 or | nly | _ | | | |
| Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Check if this claim is for a community debt Is the claim subject to offset? No Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | • | | | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify | | • | • | | | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? ■ No ■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify | | • | ** | | | |
| Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify | | | <u> </u> | | | |
| ■ No □ Other. Specify | | | | _ | | |
| | | ubject to offset? | | word intoxidated | | |
| - 100 | | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known) | |
|------------|---|--|---|--|
| _ | List All of Your NONPRIORITY Unsecuany creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit to | s against you? | edules. | |
| | Yes. | | | |
| uns tha | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other t 2. | aim. For each claim listed, identify what | type of claim it is. Do not list claims already inc | luded in Part 1. If more Continuation Page of |
| | | | 70.45 | Total claim |
| 4.1 | Aaron Sales & Lease Ow Nonpriority Creditor's Name | Last 4 digits of account number | 7945 | \$0.00 |
| | 1015 Cobb Place Blvd Nw Kennesaw, GA 30144 | When was the debt incurred? | Opened 01/11 Last Active 12/21/11 | - |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | ☐ Yes | Other Specify Lease | | - |
| 4.2 | Aaron Sales & Lease Ow Nonpriority Creditor's Name | Last 4 digits of account number | 3193 | \$0.00 |
| | 1015 Cobb Place Blvd Nw Kennesaw, GA 30144 | When was the debt incurred? | Opened 02/09 Last Active 12/02/10 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □ Yes | Other. Specify Lease | g prairie, and outer communications | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known) | |
|--|--|---|---------|
| Aaron Sales & Lease Ow | Last 4 digits of account number | 2317 | \$0.00 |
| Nonpriority Creditor's Name | | Opened 09/08 Last Active | |
| 1015 Cobb Place Blvd Nw Kennesaw, GA 30144 | When was the debt incurred? | 12/22/08 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Lease | | |
| ABC Transmission Services | Last 4 digits of account number | | \$100.0 |
| Nonpriority Creditor's Name 5032 S Tacoma Way | When was the debt incurred? | | |
| Tacoma, WA 98409 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | , | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Unsecured | Debt | |
| Acceptance Now | Last 4 digits of account number | 0117 | \$0.0 |
| Nonpriority Creditor's Name 5501 Headquarters Dr | When was the debt incurred? | Opened 09/15 Last Active 11/05/15 | |
| Plano, TX 75024 | _ | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | | | |
| | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community debt □ Student loans □ Obligations arising out | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharing | | |
| ☐ Yes | ■ Other. Specify Rental Agr | eement | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | 1 Sheranda Monick Searcy 2 Johnnie Kay Searcy | | Case number (if known) | |
|-----|--|--|--|------------|
| 4.6 | Acceptance Now Nonpriority Creditor's Name | Last 4 digits of account number | 0118 | \$0.00 |
| | 5501 Headquarters Dr Plano, TX 75024 | When was the debt incurred? | Opened 09/15 Last Active 10/29/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ■ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Rental Agre | eement | |
| 4.7 | Afni, Inc. | Last 4 digits of account number | 6018 | \$1,277.00 |
| | Nonpriority Creditor's Name Po Box 3097 Bloomington, IL 61702 | When was the debt incurred? | Opened 03/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Collection | 01 , | |
| 4.8 | Applied Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9059 | \$2,781.00 |
| | Po Box 17125 Wilmington, DE 19850 | When was the debt incurred? | Opened 01/06 Last Active 9/07/11 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| AT&T Nonpriority Creditor's Name PO Box 78522 | Last 4 digits of account number When was the debt incurred? | | \$2,000.0 |
|--|--|--|-----------------|
| Phoenix, AZ 85062 | when was the dest incurred: | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Unsecured | = : | |
| Bankamerica | | 1542 | \$0.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | φ0.0 |
| 4909 Savarese Cir Гатра, FL 33634 | When was the debt incurred? | Opened 06/09 Last Active 9/01/11 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • , | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify FHA Real E | Estate Mortgage | |
| Berkley North Pacific | Last 4 digits of account number | | \$6,553.9 |
| Nonpriority Creditor's Name | | | + •,•••• |
| 660 E Watertower St Meridian, ID 83642 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | and the spinite of th | |
| No | ☐ Debts to pension or profit-sharir | | |
| □Yes | Other. Specify Date of los | Debt Claim number 20015692. s 9/12/2016 | |

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| Berkley North Pacific | Last 4 digits of account number | \$100.0 |
|--|---|-----------|
| Nonpriority Creditor's Name 660 E Watertower St Meridian, ID 83642 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | | |
| Debtor 2 only | Contingent | |
| _ | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another — | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? ■ | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Unsecured Debt | |
| Capital One | Last 4 digits of account number | \$1,200.0 |
| Nonpriority Creditor's Name Bankrupty Dept PO Box 30285 | When was the debt incurred? | |
| Salt Lake City, UT 84130 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt ls the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Revolving Charge Account | |
| Car Pros Kia | Last 4 digits of account number | \$1,500.0 |
| Nonpriority Creditor's Name 181 S 333rd St Ste 210 | When was the debt incurred? | · · |
| Federal Way, WA 98003 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | To of the date you me, the diaminist officer all that apply | |
| Debtor 1 only | Пъ | |
| Debtor 2 only | Contingent | |
| Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| Deptor 1 and Deptor 2 only At least one of the debtors and another | Disputed | |
| _ | Type of NONPRIORITY unsecured claim: Student loans | |
| ■ Check if this claim is for a community debt | | |
| ls the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| - | · · · · · · · · · · · · · · · · · · · | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 2 Johnnie Kay Searcy | Case number (if known) | |
|---|--|---|
| Carolina Medical | Last 4 digits of account number | \$525.0 |
| Nonpriority Creditor's Name PO BOX 127 | When was the debt incurred? | |
| Concord, NC 28025 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical or Dental Expenses | |
| CenturyLink | Last 4 digits of account number | \$1,000.0 |
| Nonpriority Creditor's Name | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| PO Box 12480 Seattle, WA 98111 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <u>.</u> | |
| ■ No □ Yes | □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Unsecured Debt | |
| L les | Other: Specify Office and Debt | |
| Chexsystems | Last 4 digits of account number | \$0.0 |
| Nonpriority Creditor's Name Attn: Customer Relations 7805 Hudson Rd Ste 100 | When was the debt incurred? | |
| Saint Paul, MN 55125 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | o. the date you me, the claim is. Oneon all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | ■ Other. Specify Notice Only | |

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| 1 Sheranda Monick Searcy 2 Johnnie Kay Searcy | | Case number (if known) | |
|--|--|---|----------|
| CHI FRANCISCAN | Last 4 digits of account number | | \$120.00 |
| Nonpriority Creditor's Name PO BOX 2197 | When was the debt incurred? | | |
| Tacoma, WA 98401 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | ■ Other. Specify Medical/De | ntal | |
| CHI FRANCISCAN | Last 4 digits of account number | | \$500.0 |
| Nonpriority Creditor's Name PO BOX 2197 | When was the debt incurred? | | |
| Tacoma, WA 98401 | As of the data way file the plains | in Oharkall shadanah | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Спеск ан that apply | |
| Debtor 1 only | | | |
| ☐ Debtor 2 only | ☐ Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| _ | Student loans | d Glaini. | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Medical/De | ntal | |
| Citi | Last 4 digits of account number | 3019 | \$0.0 |
| Nonpriority Creditor's Name | _ | | |
| Pob 6241 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 3/26/08 Last Active 6/26/12 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | protion agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Credit Card | 1 | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Johnnie Kay Searcy | | Case number (if known) | |
|---|---|---|---------|
| Citi Auto | Last 4 digits of account number | 4901 | \$0.00 |
| Nonpriority Creditor's Name 2208 Highway 121 Ste 100 Bedford, TX 76021 | When was the debt incurred? | Opened 03/06 Last Active 3/07/08 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other Specify Automobile | • | |
| Citimortgage Inc | Last 4 digits of account number | 9013 | \$0.0 |
| Nonpriority Creditor's Name | _ | | |
| Po Box 9438 Gaithersburg, MD 20898 | When was the debt incurred? | Opened 12/07 Last Active 6/16/09 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify FHA Real E | state Mortgage | |
| Click Cable TV | Last 4 digits of account number | | \$500.0 |
| Nonpriority Creditor's Name 3628 South 35th St Tacoma, WA 98409 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | O continuent | | |
| Debtor 2 only | ☐ Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| _ | Student loans | | |
| Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Unsecured | Deht | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 2 Johnnie Kay Searcy | | Case number (if known) | |
|--|---|---|--------|
| Comcast | Last 4 digits of account number | | \$61.0 |
| comcast conpriority Creditor's Name O BOX 34227 eattle, WA 98124 umber Street City State Zip Code (ho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community ebt the claim subject to offset? No Yes constar Financial Services conpriority Creditor's Name O400 N 25th Ave Ste 100 choenix, AZ 85021 umber Street City State Zip Code (ho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community ebt the claim subject to offset? No Yes Corporate America Fcu | When was the debt incurred? | | |
| Seattle, WA 98124 | When was the dest incurred. | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Unsecured | Debt | |
| Constar Financial Services | Last 4 digits of account number | | \$97.5 |
| Nonpriority Creditor's Name 10400 N 25th Ave Ste 100 | When was the debt incurred? | | ***** |
| | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | ···· | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify | Debt | |
| Corporate America Fcu | Last 4 digits of account number | 0142 | \$0.0 |
| Nonpriority Creditor's Name | | Opened 07/02 Leet Active | |
| 2075 Big Timber Rd Elgin, IL 60123 | When was the debt incurred? | Opened 07/03 Last Active 2/08/12 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |

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| Credit One Bank Na Nonpriority Creditor's Name | Last 4 digits of account number | 3902 | \$0.00 |
|---|--|---|-----------|
| Po Box 98875 Las Vegas, NV 89193 | When was the debt incurred? | Opened 3/01/05 Last Active 8/28/11 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Credit Card | | |
| Dba Paragon Revenue Gr | Last 4 digits of account number | 9022 | \$525.0 |
| Nonpriority Creditor's Name Po Box 126 Concord, NC 28026 | When was the debt incurred? | Opened 08/13 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Center North | Attorney Carolinas Medical t | |
| Directv | Last 4 digits of account number | | \$1,000.0 |
| Nonpriority Creditor's Name Attn Bankruptcy Claims PO Box 6550 | When was the debt incurred? | | |
| Englewood, CO 80155 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | - : | |
| □Yes | Other. Specify Unsecured | Debt | |

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| Johnnie Kay Searcy | | Case number (if known) | |
|---|--|---|---------------|
| Equifax | Last 4 digits of account number | | \$0.0 |
| Nonpriority Creditor's Name PO BOX 30272 | When was the debt incurred? | | |
| Tampa, FL 33630 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | П 0 | | |
| Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | or plans, and other similar debts | |
| □ Yes | Other. Specify Notice Only | | |
| Experian | Last 4 digits of account number | | \$0. |
| Nonpriority Creditor's Name | | | 7 |
| Profile Maintenance PO BOX 9558 | When was the debt incurred? | | |
| Allen, TX 75013 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim i | S. Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other. Specify Notice Only | | |
| Fed Loan Serv | Last 4 digits of account number | 0002 | \$6,000. |
| Nonpriority Creditor's Name | | | 40,000 |
| Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 02/15 Last Active 12/31/16 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Student loans | | |
| Check if this claim is for a community | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| debt | | · | |

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| r 1 Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known) | |
|---|--|---|------------|
| Fed Loan Serv | Last 4 digits of account number | 0004 | \$6,000.00 |
| Nonpriority Creditor's Name Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 10/15 Last Active 12/31/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | ıl | |
| Fed Loan Serv Nonpriority Creditor's Name | Last 4 digits of account number | 0006 | \$4,000.0 |
| Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 07/16 Last Active 12/31/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | <u> </u> | |
| Fed Loan Serv Nonpriority Creditor's Name | Last 4 digits of account number | 0001 | \$3,500.0 |
| Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 02/15 Last Active 12/31/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

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| Fed Loan Serv Nonpriority Creditor's Name | Last 4 digits of account number | 0003 | \$3,500.0 |
|---|---|--|-----------|
| Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 10/15 Last Active 12/31/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | l | |
| Fed Loan Serv Nonpriority Creditor's Name | Last 4 digits of account number | 0005 | \$3,000.0 |
| Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 07/16 Last Active 12/31/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loansObligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Educationa | I | |
| First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | 6089 | \$443.0 |
| 601 S Minnesota Ave Sioux Falls, SD 57104 | When was the debt incurred? | Opened 05/05 Last Active 11/01/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | roport do priority didillo | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |

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| Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known) | |
|--|--|---|------------|
| Franklin Collection Sv | Last 4 digits of account number | 3874 | \$228.00 |
| Nonpriority Creditor's Name 2978 W Jackson St | When was the debt incurred? | Opened 11/16 | |
| Tupelo, MS 38801 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Group LI | Attorney Solstas Lab Partners | |
| Franklin Collection Sv | Last 4 digits of account number | 3094 | \$89.0 |
| Nonpriority Creditor's Name 2978 W Jackson St Tupelo, MS 38801 | When was the debt incurred? | Opened 10/16 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No □ Yes | □ Debts to pension or profit-sharin Collection A Group LI | g plans, and other similar debts Attorney Solstas Lab Partners | |
| Frd Motor Cr | Last 4 digits of account number | 3947 | \$12,113.0 |
| Nonpriority Creditor's Name | | Opened 11/26/10 Last Active | |
| Po Box Box 542000 Omaha, NE 68154 | When was the debt incurred? | 10/29/15 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharin | | |
| Yes | ■ Other. Specify Automobile | • | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Johnnie Kay Searcy | | Case number (if known) | | |
|--|---|--|-------------|--|
| Geico | Last 4 digits of account number | | \$600.00 | |
| Nonpriority Creditor's Name | | | | |
| One Geico Plaza Macon, GA 31296 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim | | | |
| Who incurred the debt? Check one. | | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| ■ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| □ Yes | ■ Other. Specify Unsecured | Debt | | |
| Hsbc Auto | Last 4 digits of account number | 6106 | \$0.00 | |
| Nonpriority Creditor's Name | | | | |
| Po Box 961245 Fort Worth, TX 76161 | When was the debt incurred? | Opened 1/10/01 Last Active 11/27/07 | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ■ Check if this claim is for a community | ☐ Student loans | | | |
| debt | | aration agreement or divorce that you did not | | |
| Is the claim subject to offset? ■ | report as priority claims | and the same and t | | |
| ■ No | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | Other. Specify Automobile | | | |
| Hyundai Capital America | Last 4 digits of account number | 3947 | \$27,542.00 | |
| Nonpriority Creditor's Name | | Opened 06/16 Last Active | | |
| P.O. Box 629027 El Dorado Hills, CA 95762 | When was the debt incurred? | 10/19/16 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? — | ☐ Obligations arising out of a separeport as priority claims | | | |
| No | Debts to pension or profit-sharing | • | | |
| Yes | Cadenza 2016 Kia 6600 miles Voluntary Other. Specify Surrendered | | | |

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| IC System | | | ¢200.00 | |
|--|---|---|-------------|--|
| IC System Nonpriority Creditor's Name | Last 4 digits of account number | | \$200.00 | |
| 444 Hwy 96 E | When was the debt incurred? | | | |
| PO Box 64887 | | | | |
| Saint Paul, MN 55164 | - A. (64) 144 - 155 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | <u>_</u> | | | |
| Debtor 2 only | ☐ Contingent | | | |
| _ | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | |
| ■ Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | report as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| Yes | Other. Specify Collection | | | |
| Kia Motors Finance | Last 4 digits of account number | 9240 | \$24,873.00 | |
| Nonpriority Creditor's Name | | | Ψ= 1,01 010 | |
| 4000 Macarthur Blvd Ste | | Opened 11/15 Last Active | | |
| Newport Beach, CA 92660 | When was the debt incurred? | 12/10/16 | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ■ Check if this claim is for a community | ☐ Student loans | | | |
| debt | ☐ Obligations arising out of a sepa | | | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| Yes | Other. Specify 2015 Kia Op | otima 19000 miles Repossession | | |
| Lion Loans | Last 4 digits of account number | | \$985.00 | |
| Nonpriority Creditor's Name PO BOX 1547 | When was the debt incurred? | | | |
| Sandy, UT 84091 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | , | on one on an anat appry | | |
| Debtor 1 only | | | | |
| Debtor 2 only | ☐ Contingent | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | |
| At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | | |
| _ | Student loans | i ciaiii. | | |
| ■ Check if this claim is for a community debt | _ | ration agreement or diverse that you did and | | |
| ls the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | | | | |

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| Mabt/contfin | Last 4 digits of account number | 8625 | \$869.0 |
|--|---|----------------------------------|-----------|
| Nonpriority Creditor's Name | | Opened 10/14 Last Active | |
| Pob 8099 Newark, DE 19714 | When was the debt incurred? | 10/16/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| Marine Federal Credit | | 0001 | \$0.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | φυ.(|
| 159 Brynn Marr Rd Jacksonville, NC 28546 | When was the debt incurred? | Opened 04/08 Last Active 5/11/11 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Automobile | | |
| debt Is the claim subject to offset? | | | |
| ■ No | | | |
| Yes | | | |
| Merrick Bank | | 1435 | \$1,007.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | φ1,007.0 |
| Pob 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 05/15 Last Active 9/30/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Yes | ■ Other. Specify Credit Card | 1 | |

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| Moneytree Inc | Last 4 digits of account number | \$820.00 |
|---|---|-------------|
| Nonpriority Creditor's Name 13107 Meridian Ave E Ste 101 Puyallup, WA 98373 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Unsecured Debt | |
| Moses Cone Behavioral Health | Last 4 digits of account number | \$10,000.00 |
| Nonpriority Creditor's Name 1121 N Church St. | When was the debt incurred? | |
| Greensboro, NC 27401 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 76 of the date year me, the stant let encore an area appropries | |
| Debtor 1 only | Пол | |
| Debtor 2 only | ☐ Contingent | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| _ | Student loans | |
| ■ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| ls the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | ■ Other. Specify Unsecured Debt | |
| Multicare | Last 4 digits of account number | \$300.00 |
| Nonpriority Creditor's Name | | · · |
| PO Box 34883 | When was the debt incurred? | |
| Seattle, WA 98124 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | To of the date you me, the damin is. Officer all that apply | |
| Debtor 1 only | Пол | |
| Debtor 2 only | ☐ Contingent | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| _ | Student loans | |
| ■ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| | — | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |

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| r 1 Sheranda Monick Searcy T 2 Johnnie Kay Searcy | Case number (if known) | |
|---|---|---------------------------------------|
| North Carolina DMV | Last 4 digits of account number | \$5,000.0 |
| Nonpriority Creditor's Name 3111 Mail Service Center | When was the debt incurred? | |
| Raleigh, NC 27699 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify CR Tickets holding license | |
| North Carolina DOR | Last 4 digits of account number | \$100.0 |
| Nonpriority Creditor's Name | | · · · · · · · · · · · · · · · · · · · |
| Asheville Building 1500 Pinecroft Rd #300 | When was the debt incurred? | |
| Greensboro, NC 27404 Number Street City State Zip Code | As of the date you file the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | _ | |
| Debtor 2 only | Contingent | |
| | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Unsecured Debt | |
| Northeast Orthopedic | Last 4 digits of account number | \$2,582.0 |
| Nonpriority Creditor's Name 42 Union St | When was the debt incurred? | |
| Concord, NC 28025 Number Street City State Zip Code | As of the date you file the claim is: Check all that soul. | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | | |
| Debtor 2 only | Contingent | |
| ■ Debtor 1 and Debtor 2 only | Unliquidated | |
| | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ■ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical or Dental Expenses | |
| □ res | Other. Specify Wedical of Defital Expenses | |

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| Debto Debto | or 1 Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known) | |
|----------------|---|--|---|------------|
| 4.5 7 | Onemain | Last 4 digits of account number | 7518 | \$4,889.00 |
| | Nonpriority Creditor's Name Po Box 1010 | — When was the debt incurred? | Opened 09/16 Last Active 12/27/16 | |
| | Evansville, IN 47706 | _ | 12/2//10 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify repossessi | s RX350 154,000 miles on | |
| 1.5 | Paragon Revenue Group | Last 4 digits of account number | | \$600.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | PO BOX 127 Concord, NC 28026 Number Street City State Zip Code | As of the date you file, the claim i | in Charle all that analy | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | в. Спеск ан тат арргу | |
| | Debtor 1 only | П | | |
| | Debtor 2 only | Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | |
| | <u>_</u> | Student loans | d Claim. | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | ☐ Yes | Other. Specify Debt Collect | ctions | |
| .5 | Piedmont Advantage Cu Nonpriority Creditor's Name | Last 4 digits of account number | 0142 | \$0.00 |
| | 3530 Advantage Way Winston Salem, NC 27103 | When was the debt incurred? | Opened 01/09 Last Active 4/27/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | | |
| | ☐ Yes | ■ Other. Specify Automobile | • | |
| | | | | |

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| or 2 Johnnie Kay Searcy | | Case number (if known) | |
|--|--|---|-----------|
| Portfolio Recovery Ass Nonpriority Creditor's Name | Last 4 digits of account number | 2273 | \$0.0 |
| 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 06/14 Last Active 4/16/15 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | · | Company Account Capital One | |
| Progressive Leasing | Last 4 digits of account number | | \$2,527.5 |
| Nonpriority Creditor's Name 256 West Data Dr | When was the debt incurred? | | |
| Draper, UT 84020 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | ,,,,, | oncor all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | <u> </u> | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | Student loans | u ciaiii. | |
| ■ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Unsecured | | |
| PSC | Last 4 digits of account number | | \$756.0 |
| Nonpriority Creditor's Name PO BOX 66995 Tacoma, WA 98464-6995 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Unsecured | | |

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| Public Storage Nonpriority Creditor's Name | Last 4 digits of account number | \$500.00 |
|---|--|-----------|
| 6720 24th St W Tacoma, WA 98466 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Unsecured Debt | |
| Rhodes Kelly & Associates Inc | Last 4 digits of account number | \$3,600.0 |
| Nonpriority Creditor's Name 1036 Branchview Dr NE Ste 202 | When was the debt incurred? | |
| Concord, NC 28025 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | □ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Debt Collection | |
| RSD Properties | Last 4 digits of account number | Unknow |
| Nonpriority Creditor's Name 2115 Crystal Springs Road W | When was the debt incurred? | |
| Tacoma, WA 98466 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | and the second s | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ Other Specify Unsecured Debt | |

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| 2 Johnnie Kay Searcy | | Case number (if known) | |
|--|--|---|----------|
| Santander Consumer Usa Nonpriority Creditor's Name | Last 4 digits of account number | 1000 | \$0.0 |
| Po Box 961245 Ft Worth, TX 76161 | When was the debt incurred? | Opened 06/14 Last Active 6/14/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Automobile | 9 | |
| Sca Collections Inc | Last 4 digits of account number | 8743 | \$415.0 |
| Nonpriority Creditor's Name Po Box 876 | When was the debt incurred? | Opened 09/14 | |
| Greenville, NC 27835 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| _ | ☐ Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Collection Medicine A | Attorney Cabarrus Emergency s | |
| Sca Collections Inc | Last 4 digits of account number | 7483 | \$278.00 |
| Nonpriority Creditor's Name Po Box 876 | When was the debt incurred? | Opened 03/14 | |
| Greenville, NC 27835 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | - C. | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Collection A Other. Specify Medicine A | Attorney Cabarrus Emergency | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Sheranda Monick Searcy 2 Johnnie Kay Searcy | | Case number (if known) | |
|--|--|--|---------------|
| Sprint | Last 4 digits of account number | | \$130.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | V.00.0 |
| P.O. Box 54977 | When was the debt incurred? | | |
| Los Angeles, CA 90054 | | a. Charle all that and h | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | _ | | |
| Debtor 2 only | Contingent | | |
| _ | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Unsecured | Debt | |
| State Collection Servi | Last 4 digits of account number | 9868 | \$506.0 |
| Nonpriority Creditor's Name | | | - |
| 2509 S Stoughton Rd Madison, WI 53716 | When was the debt incurred? | Opened 09/16 Last Active 11/09/16 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | ■ Other. Specify Collection A System | Attorney Multicare Health | |
| State Employees Credit Union | Last 4 digits of account number | | \$7,700.0 |
| Nonpriority Creditor's Name PO Drawer 25279 Raleigh, NC 27611 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | _ 2007 BMW | 328 1160000 miles | |
| □Yes | Other. Specify Repossess | ion | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Johnnie Kay Searcy | ` | |
|---|---|-------------|
| Strayer University | Last 4 digits of account number | \$3,600.00 |
| Nonpriority Creditor's Name 1133 15th St NW | When was the debt incurred? | |
| Washington, DC 20005 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | • | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other. Specify Unsecured Debt | |
| Tacoma Emergency Care Phy | Last 4 digits of account number | \$80.00 |
| Nonpriority Creditor's Name | | |
| PO BOX 661448 | When was the debt incurred? | |
| Arcadia, CA 91066 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the dam's. Officer an that apply | |
| Debtor 1 only | □ Conformat | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify Medical or Dental Expenses | |
| Tacoma Emergency Care Phy | Last 4 digits of account number | \$753.00 |
| Nonpriority Creditor's Name | | Ψ. σσ. σ |
| PO BOX 661448 | When was the debt incurred? | |
| Arcadia, CA 91066 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 7.6 of the date year me, the chain is. Officer and that apply | |
| Debtor 1 only | Continued | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ■ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Medical or Dental Expenses | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Johnnie Kay Searcy | | Case number (if known) | |
|--|---|---|-----------|
| TACOMA PUBLIC UTILITIES | Last 4 digits of account number | · | \$700.0 |
| Nonpriority Creditor's Name 3628 S 35TH STREET Facoma, WA 98409 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Unsecured | Debt | |
| Thd/cbna | Last 4 digits of account number | 3619 | \$0.0 |
| Nonpriority Creditor's Name | | | Ψ0.0 |
| Po Box 6497 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 01/06 Last Active 5/24/12 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| TMobile | Last 4 digits of account number | | \$1,094.0 |
| Nonpriority Creditor's Name PO BOX 660252 | When was the debt incurred? | | |
| Dallas, TX 75266 Number Street City State Zip Code | As of the date you file, the claim i | is: Chack all that annly | |
| Who incurred the debt? Check one. | . So the date you me, the claim i | Oncor all triat apply | |
| ☐ Debtor 1 only | Пол | | |
| ☐ Debtor 2 only | ☐ Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| <u></u> | Student loans | u viumi. | |
| Check if this claim is for a community debt s the claim subject to offset? | | aration agreement or divorce that you did not | |
| <u> </u> | <u>-</u> ' ' | g plans, and other similar debts | |
| No | Debis to perision of profit-shariff | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| r 1 Sheranda Monick Searcy r 2 Johnnie Kay Searcy | | Case number (if known) | |
|---|--|---|---------|
| TRA Medical Imaging Nonpriority Creditor's Name | Last 4 digits of account number | | \$100.0 |
| P.O. Box 2429 | When was the debt incurred? | | |
| Indianapolis, IN 46206-2429 Number Street City State Zip Code | | in Charle all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim | Is: Спеск ан that аррну | |
| ☐ Debtor 1 only | | | |
| Debtor 2 only | ☐ Contingent | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Unsecured | Debt | |
| Transunion | Last 4 digits of account number | | \$0.0 |
| Nonpriority Creditor's Name 555 West Adams St | When was the debt incurred? | | |
| Chicago, IL 60611 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Notice Only | <u>/</u> | |
| Truliant Federal Cu | Last 4 digits of account number | 6311 | \$0.0 |
| Nonpriority Creditor's Name 3200 Truliant Way Winston Salem, NC 27103 | When was the debt incurred? | Opened 12/14/05 Last Active 10/11/13 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | 7.0 0. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0 | or oncor an inar apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | og plane, and other similar dobte | |
| | | | |
| Yes | Other. Specify Check Cred | ait Or Line Of Credit | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Last 4 digits of account number | | \$45.0 |
|---|---|--|
| When was the debt incurred? | | |
| As of the date you file, the claim | is: Check all that apply | |
| Пол | | |
| | | |
| | | |
| • | d claim: | |
| <u></u> | u ciann. | |
| ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | ng plans, and other similar debts | |
| Other Specify Medical Se | rvices Rendered | |
| Lock A distinct of account number | | \$300.0 |
| When was the debt incurred? | | φουσι |
| | | |
| As of the date you file, the claim | is: Check all that apply | |
| _ | | |
| | | |
| | | |
| • | d alaim. | |
| | d Claim: | |
| _ | pration agreement or diverse that you did not | |
| report as priority claims | dration agreement of divorce that you did not | |
| ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Other. Specify Unsecured | Debt | |
| Last 4 digits of account number | 0001 | \$0.0 |
| _ | Opened 05/00 Lest Active | |
| When was the debt incurred? | 6/19/12 | |
| As of the date you file, the claim | is: Check all that apply | |
| | | |
| | | |
| ☐ Unliquidated | | |
| Disputed | d alaim. | |
| | | |
| _ | aration agreement or divorce that you did not | |
| report as priority claims | | |
| report as priority claims Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Debts to pension or profit-sharin Debts to faccount number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Debts to pension or profit-sharin Other. Specify Unsecured Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unsecured Unsecured Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans | When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services Rendered |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | r 1 Sheranda Monick Searcy r 2 Johnnie Kay Searcy | | Case number (if known) | |
|------------------|---|--|--|------------|
| Verve Mastercard | | Last 4 digits of account number | | \$100.00 |
| | Nonpriority Creditor's Name PO BOX 8099 Newark, DE 19714 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | Debt | |
| 4.8 5 | Wells Fargo | Last 4 digits of account number | 2499 | \$1,021.00 |
| | Nonpriority Creditor's Name | | Opened 09/15 Last Active | |
| | Credit Bureau Dispute Resoluti Des Moines, IA 50306 | When was the debt incurred? | 12/22/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.8 | Wellsfargo | Last 4 digits of account number | 4645 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 800 Walnut St Des Moines, IA 50309 | When was the debt incurred? | Opened 01/08 Last Active 3/21/08 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | | |
| | □Yes | Other. Specify Note Loan | | |
| | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

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Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

| Debtor 1 Sheranda Monick Searcy Johnnie Kay Searcy | | Case number (if known) |
|---|--|---|
| have more than one creditor for any of the denotified for any debts in Parts 1 or 2, do not f | ebts that you listed in Parts 1 or 2, list t ill out or submit this page. | he additional creditors here. If you do not have additional persons to be |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| FNCB | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 610 Waltham Way Sparks, NV 89434 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Sparks, 144 03434 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| North Carolina DMV | Line 4.54 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 3120 Mail Service Center Raleigh, NC 27699 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| italeigii, NC 27099 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| North Carolina DMV | Line 4.54 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 3116 Mail Service Center | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Raleigh, NC 27699 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| State Employees Credit Union | Line 4.71 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO BOX 16616 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Greensboro, NC 27416 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? |
| State of Washington | Line 4.11 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Department of Licensing PO Box 9030 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Olympia, WA 98507 | | |
| Ciyinpia, WA 30007 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 | • |
| State of Washington | Line 4.54 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Department of Licensing PO Box 9030 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Olympia, WA 98507 | | |
| - , , | Last 4 digits of account number | |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|-----|------|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 4,800.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ — | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 4,800.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 26,000.00 |
| claims rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 137,285.93 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 163,285.93 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|---------------|------------------------------------|
| Debtor 1 | Sheranda Monick | Searcy | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Johnnie Kay Sea | rcy | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | DF WASHINGTON | |
| Case number _ | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Landlord

State what the contract or lease is for
Residential Lease with landlord

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in thi | s information to identify your | case: | | |
|------------------------|--|----------------------------|----------------------------|--|
| Debtor 1 | Sheranda Monick | Searcy | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, fi | Johnnie Kay Sea First Name | Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | WESTERN DISTRIC | Γ OF WASHINGTON | |
| Case nun (if known) | nber | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| Sche | dule H: Your Cod | ebtors | | 12/15 |
| 1. Do | e and case number (if known) you have any codebtors? (If | | | s a codebtor. |
| ■ No □ Ye | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | ? (Community property states and territories include gton, and Wisconsin.) |
| | o. Go to line 3. es. Did your spouse, former spo | use, or legal equivalent l | ive with you at the time? | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guar | antor or cosigner. Make sı | your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line |
| | Number Street City | State | ZIP Code | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line |
| | Number Street City | State | ZIP Code | |

| Fill in this information | to identify your case: | |
|---------------------------------|--|---|
| Debtor 1 | Sheranda Monick Searcy | _ |
| Debtor 2 (Spouse, if filing) | Johnnie Kay Searcy | |
| United States Bankrup | otcy Court for the: WESTERN DISTRICT OF WASHINGTON | _ |
| Case number | | Check if this is: |
| (If known) | | ☐ An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form | 1061 | MM / DD/ YYYY |
| <u> </u> | N 7 1 | |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Food Service Team Leader** Include part-time, seasonal, or **Employer's name AJP Enterprises LLC AJP Enterprises LLC** self-employed work. **Employer's address** Occupation may include student 5005 Pacific Hwy E Ste 12 5005 Pacific Hwy E Ste 12 or homemaker, if it applies. Tacoma, WA 98424 Tacoma, WA 98424 How long employed there? 2019 5/16 to present

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,169.55 3.169.55 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. 3,169.55 3,169.55

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

| | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | | |
|-----|---------------------------|---|--------------------------|----------|---------------|-----------------------------------|-----------------------|---------|
| | Сору | y line 4 here | 4. | \$ | 3,169.55 | \$ | 3,169.55 | |
| 5. | List a | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 506.81 | \$ | 506.81 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$- | 0.00 | <u>¢</u> — | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | · : — | 0.00 | - \$ | 0.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | - ^{511.+} 6. | Ψ_ \$ | 506.81 | - Ψ \$ | 506.81 | |
| 7. | | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | Ψ \$ | | Ψ \$ | _ | |
| 7. | | | 7. | Φ | 2,662.74 | Φ | 2,662.74 | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | _ 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | - \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 0. \$ | | 2,662.74 + \$ | 2 66 | 62.74 = \$ 5 | ,325.48 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | - | 2,00 | <u> </u> | ,020.40 |
| 11. | State Include other | e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your or friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a | depen | | | | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ 5 | ,325.48 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form? | • | | | | Combined monthly i | |
| | | No. | | | | | | |
| | | Yes. Explain: | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | n this informa | ation to identify yo | our case: | | | | | |
|-------|---------------------------------------|---|----------------|---|--|--------------|---|--|
| Deb | tor 1 | Sheranda Mo | onick Sea | arcv | | Che | ck if this is: | |
| | pouse, if filing) Johnnie Kay Searcy | | | | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| `' | , 0, | | | | | | | |
| Unite | ed States Bank | ruptcy Court for the | : WESTE | RN DISTRICT OF WASHI | NGTON | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | orm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| info | rmation. If m | | eded, atta | If two married people ar ch another sheet to this in. | | | | |
| Part | | ribe Your House | hold | | | | | |
| 1. | Is this a joi | | | | | | | |
| | □ No. Go to | | _ | | | | | |
| | _ | es Debtor 2 live | in a separ | ate household? | | | | |
| | □ N ■ Y | | st file Offici | al Form 106J-2, <i>Expen</i> ses | for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | penses include of people other t d your depende | han 👝 | No Yes | | | | |
| Part | 2: Estim | nate Your Ongoi | ng Monthl | y Expenses | | | | |
| exp | | a date after the l | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of suc icial Form 10 | | d have inc | luded it on Schedule I: Y | our Income | | Your exp | enses |
| 4. | | or home owners nd any rent for th | | ses for your residence. In r lot. | nclude first mortgag | e 4. S | S | 1,350.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. S | 6 | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. S | | 0.00 |
| | | e maintenance, re | | | | 4c. S | | 100.00 |
| _ | | eowner's associat | | | | 4d. \$ | | 0.00 |
| 5. | Additional | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | <u> </u> | 0.00 |

Official Form 106J Schedule J: Your Expenses page 1

| Debtor 1 | | | anda Monick Searcy | | Caca number (if known) | | | |
|----------|-------------|------------------------------|---|---------------------------------------|------------------------|-------------------------------|--|--|
| Debtor 2 | | Johnnie | Kay Searcy | Case nu | mber (if known) | | | |
| 6. | Utilit | ties: | | | | | | |
| - | 6a. | | , heat, natural gas | 6a | ı. \$ | 0.00 | | |
| | 6b. | Water, sev | wer, garbage collection | 6b | o. \$ | 0.00 | | |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 60 | :. \$ | 400.00 | | |
| | 6d. | Other. Spe | ecify: | 6d | I. \$ | 0.00 | | |
| 7. | Food | d and hous | ekeeping supplies | 7 | '. \$ | 600.00 | | |
| 8. | Child | dcare and c | children's education costs | 8 | 3. \$ | 0.00 | | |
| 9. | Cloti | hing, laund | lry, and dry cleaning | 9 |). \$ | 200.00 | | |
| 10. | Pers | onal care p | products and services | 10 |). \$ | 100.00 | | |
| 11. | Medi | ical and de | ntal expenses | 11 | . \$ | 150.00 | | |
| 12. | | | . Include gas, maintenance, bus or train fare. | 4.0 | | 450.00 | | |
| | | | ar payments. | 12 | · - | 450.00 | | |
| | | | clubs, recreation, newspapers, magazines, and book | | · - | 0.00 | | |
| | | | ributions and religious donations | 14 | ·. \$ | 0.00 | | |
| 15. | | rance. | | 00 | | | | |
| | | ot include in Life insura | nsurance deducted from your pay or included in lines 4 or | | ı. \$ | 0.00 | | |
| | | Health ins | | | o. \$ | 0.00 | | |
| | | Vehicle in | | 150 | * | 135.00 | | |
| | | | urance. Specify: | 15d | · | | | |
| 16 | | | nance. Specify. nclude taxes deducted from your pay or included in lines 4 | _ | Ф | 0.00 | | |
| | Spec | cify: | , | 16 | 5. \$ | 0.00 | | |
| 17. | | | ease payments: | 47. | • | 404.00 | | |
| | | | ents for Vehicle 1 | 17a | · | 421.00 | | |
| | | | ents for Vehicle 2 | 17b | * | 0.00 | | |
| | | Other. Spe | | 170 | · - | 0.00 | | |
| | | Other. Spe | • | 17d | I. \$ | 0.00 | | |
| 18. | | | of alimony, maintenance, and support that you did no your pay on line 5, Schedule I, Your Income (Official I | | s. \$ | 0.00 | | |
| 19. | | | s you make to support others who do not live with yo | ····· · · · · · · · · · · · · · · · · | \$ | 0.00 | | |
| | Spec | | усы со сирром симом истом истом ус | 19 | | <u> </u> | | |
| 20. | • | , | erty expenses not included in lines 4 or 5 of this form | | | | | |
| | | | s on other property | | ı. \$ | 0.00 | | |
| | 20b. | Real estat | te taxes | 20b | o. \$ | 0.00 | | |
| | 20c. | Property, I | homeowner's, or renter's insurance | 200 | :. \$ | 0.00 | | |
| | 20d. | Maintenar | nce, repair, and upkeep expenses | 200 | I. \$ | 0.00 | | |
| | 20e. | Homeown | ner's association or condominium dues | 20e | ÷. \$ | 0.00 | | |
| 21. | Othe | er: Specify: | | 21 | . +\$ | 0.00 | | |
| | | | | | | | | |
| 22. | | • | monthly expenses | | • | | | |
| | | | through 21. | 400 0 | \$ | 3,906.00 | | |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official Fo | orm 106J-2 | \$ | 1,400.00 | | |
| | 22c. | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 5,306.00 | | |
| 23. | | | monthly net income. | | | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a | ı. \$ | 5,325.48 | | |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b | o\$ | 5,306.00 | | |
| | 23c. | Subtract y | our monthly expenses from your monthly income. | | | 40.40 | | |
| | | The result | t is your monthly net income. | 230 | ;. \$ | 19.48 | | |
| 24. | For exmodif | xample, do yo | an increase or decrease in your expenses within the you expect to finish paying for your car loan within the year or do you terms of your mortgage? | | | ease or decrease because of a | | |
| | ■ N | | Evoluin horo: | | | | | |
| | | es. | Explain here: | | | | | |

| | | randa Monick nnie Kay Seard | • | | Ca | se numbe | r (if known) | | |
|-------------------|--|--|--|--|--|--|--|---|-----------------|
| Eill | in this inform | nation to identify y | our case. | | | | | | |
| | otor 1 | Sheranda M | | arcy | | Check if | this is: amended filing | | |
| 1 | otor 2 ouse, if filing) | Johnnie Kay | Searcy | | | | upplement showing enses as of the follo | | er 13 |
| Unit | ted States Ban | kruptcy Court for the | : WESTI | ERN DISTRICT OF WASHI | INGTON | MM | I / DD / YYYY | | |
| | se number nown) | | | | | | | | |
| L` | | | | | | | | | |
| Use Dei for | chedule this form f btor 2 have m only with | or Debtor 2's se one or more dep respect to exper ed, attach anothe | oarate hou endents in ases for D | penses for Sepa isehold expenses ONLY I in common, list the dependent ebtor 2 that are not report this form. On the top of a | F Debtor 1 and Debto dents on both Schedu ted on Schedule J. B | r 2 maint le <i>J and</i> e as com | tain separate hous this form. Answe plete and accurate | eholds. <i>If Debto</i> er the questions of as possible. If n | on this nore |
| Par | t 1: Des | cribe Your House | ehold | | | | | | |
| 1. | | . Do not complete | | ate households? | | | | | |
| 2. | Do you ha | ve dependents? | ■ No | | | | | | |
| | list all othe dependent regardless listed as a of Debtor 1 | s of Debtor 2 of whether dependent on | ☐ Yes. | Fill out this information for each dependent | Dependent's relation | ship to | Dependent's | Does depender live with you? | nt |
| | Do not stat | e the | | еасп ферепфепи | Debitor 2 | | age | □ No | • |
| | dependent | s names. | | | | | | ☐ Yes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | | | | □No | |
| 3. | expenses | xpenses include of people other t nd your depende | :han ⊢ | l _{No} I Yes | | | | □ Yes | |
| | | mate Your Ongo expenses as of y | | ly Expenses uptcy filing date unless y | ou are using this forn | n as a su | pplement in a Cha | pter 13 case to re | eport |
| exp Inc | enses as of | f a date after the ses paid for with | bankrupto non-cash | cy is filed. government assistance if | f you know the value | | our expenses | | |
| or s | The rental | | ship exper | on Schedule I: Your Incon | • | 4. \$ | | 400.00 | |
| | | uded in line 4: | io ground (| 51 IOL. | | . • | | | |
| | _ | l estate taxes | | | | 4a. \$ | ; | 0.00 | |
| Offic | 4b. Proposial Form 106 | erty, homeowner' 3J | s, or rente | | J: Your Expenses | 4b. \$ | | 0.00 | page 3 |

| Debtor 1 | Sheranda Monick Searcy | | | |
|--------------------|--|------------|---------------------------------------|--------------------------|
| Debtor 2 | Johnnie Kay Searcy | Case num | ber (if known) | |
| 4c. | Home maintenance, repair, and upkeep expenses | 4c. | \$ | 0.00 |
| 4d. | Homeowner's association or condominium dues | 4d. | \$ | 0.00 |
| 5. Addi t | tional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | | - | · | |
| 6. Utilit i | | Co | C | 50.00 |
| 6a. | Electricity, heat, natural gas | 6a. | · | 50.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 100.00 |
| 6d. | Other. Specify: | 6d. | · · | 0.00 |
| | and housekeeping supplies | 7. | \$ | 300.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | ning, laundry, and dry cleaning | 9. | \$ | 100.00 |
| | onal care products and services | 10. | \$ | 100.00 |
| | cal and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 250.00 |
| | ot include car payments. | | · | |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 100.00 |
| | itable contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insur | rance. ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | Other insurance. Specify: | 15d. | · | 0.00 |
| | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | 130. | Ψ | 0.00 |
| Spec | | 16. | \$ | 0.00 |
| | Illment or lease payments: | | Ψ | 0.00 |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. | | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | <u> </u> | 0.00 |
| dedu | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | | 19. | | |
| 0. Othe | r real property expenses not included in lines 4 or 5 of this form or on Scheen | dule I: Yo | our Income. | |
| 20a. | Mortgages on other property | 20a. | | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Othe | r: Specify: | 21. | +\$ | 0.00 |
| 2. Your | monthly expenses. Add lines 5 through 21. | | \$ | 1,400.00 |
| | result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule | e J to | | 1,700.00 |
| | late the total expenses for Debtor 1 and Debtor 2. | - 0.0 | | |
| | · | | | |
| | not used on this form. | | | |
| | ou expect an increase or decrease in your expenses within the year after yo | | | |
| | kample, do you expect to finish paying for your car loan within the year or do you expect your | mortgage p | payment to increase | or decrease because of a |
| | ication to the terms of your mortgage? | | | |
| ■ No | | | | |
| □ Ye | es. Explain here: | | | |

| Fill in this | s information to identi | fy your case: | | |
|-----------------|---|---------------------------|---|--|
| Debtor 1 | Sheranda | Monick Searcy | | |
| Dobto. 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Johnnie K | ay Searcy | | |
| (Spouse if, fil | ling) First Name | Middle Name | Last Name | |
| United Sta | ates Bankruptcy Court f | or the: WESTERN DISTRIC | CT OF WASHINGTON | |
| Case num | nber | | | |
| (if known) | | | | Check if this is an amended filing |
| | Form 106Dec aration Abo | out an Individu | al Debtor's Schedul | es 12/15 |
| obtaining | money or property by | | ules or amended schedules. Making a fa pankruptcy case can result in fines up to | 5 \$250,000, or imprisonment for up to 20 |
| Did | you pay or agree to pa | y someone who is NOT an a | ttorney to help you fill out bankruptcy f | orms? |
| | No | | | |
| | Yes. Name of person | | | tach Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119) |
| | er penalty of perjury, I they are true and corre | | summary and schedules filed with this d | declaration and |
| X / | s/ Sheranda Monick | Searcy | X /s/ Johnnie Kay Seard | cv |
| | Sheranda Monick Se | | Johnnie Kay Searcy | -, |
| | Signature of Debtor 1 | - | Signature of Debtor 2 | |
| | Date December 30, | 2019 | Date December 30, 2 | 2019 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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| Eill i | n this inform | ation to identify you | r. 0250: | | | |
|---------|--|--|--|---|---|---|
| | | | | | | |
| Deb | tor 1 | Sheranda Monic | K Searcy Middle Name | Last Name | | |
| Deb | tor 2 | Johnnie Kay Sea | arcy | | | |
| (Spou | ise if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ban | kruptcy Court for the: | WESTERN DISTRICT OF | WASHINGTON | | |
| Case | e number | | | | | |
| (if kno | own) | | | | | heck if this is an |
| | | | | | a | mended filing |
| Οtt | ::-:-! - | 107 | | | | |
| | icial For | | Affaira far Indivis | luala Filina far D | | |
| | | | Affairs for Individ | | | 4/19 |
| | | | | | equally responsible for sup additional pages, write you | |
| | |). Answer every que | | | , , , , , , , , , , , , , , , , , | |
| Part | 1: Give De | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | _ | | | | | |
| | MarriedNot marr | iod | | | | |
| | | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. List | all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>I</i> . | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | 1461 Rainio Tacoma, W | | From-To: 4/16 to 9/16 | Same as Debtor | I | ■ Same as Debtor 1 From-To: |
| | s and territorie | es include Árizona, Ca | | vada, New Mexico, Puerto R | ity property state or territory ico, Texas, Washington and W | |
| Part | 2 Explain | n the Sources of You | r Income | | | |
| | Fill in the total If you are filing | amount of income yo | nployment or from operating ureceived from all jobs and a have income that you received. | all businesses, including part- | | ndar years? |
| | □ No ■ Vos Fill | in the details. | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$26,616.84 | ■ Wages, commissions, bonuses, tips | \$27,313.06 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| Officia | al Form 107 | | Statement of Financial Aff | airs for Individuals Filing for B | ankruptcy | page 1 |

Case 19-44082-MJH Doc 1 Filed 12/30/19 Ent. 12/30/19 10:26:16 Pg. 59 of 82

page 1

Best Case Bankruptcy

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| Deb ^o | tor 1 tor 2 | | eranda Mo nnnie Kay | onick Sear Searcy | ey | Case | e number (if known) | |
|------------------|----------------|-----------------------|----------------------------|----------------------------------|---|--|--|---|
| | | | | | Debtor 1 | | Debtor 2 | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | dar year: December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$25,170.00 | ■ Wages, commissions, bonuses, tips | \$13,761.00 |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | lar year be December | | ■ Wages, commissions, bonuses, tips | \$44,812.00 | ■ Wages, commissions, bonuses, tips | \$22,826.00 |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | _ ı | No | Fill in the de | - | Debtor 1 Sources of income | Gross income from | Debtor 2 Sources of income | Gross income |
| | | | | | | Gross income from each source | | Gross income (before deductions |
| | | | | | | (before deductions and exclusions) | | and exclusions) |
| | | | lar year be December | | Unemployment | \$4,529.00 | | |
| (Jai | iuai y | 1 10 | December | 31, 2017) | | | | |
| Part | 3: | List | Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | |
| | _ | e ither No. | Neither De individual p | ebtor 1 nor E orimarily for a | personal, family, or household | umer debts. Consumer debts Id purpose." | s are defined in 11 U.S.C. § 10 | 01(8) as "incurred by an |
| | | | During the No. | 90 days before To to line 7 | re you filed for bankruptcy, di | d you pay any creditor a total | of \$6,825* or more? | |
| | | | ☐ Yes | | | d a total of \$6.825* or more i | n one or more payments and | the total amount you |
| | | | | paid that cr not include | editor. Do not include paymer payments to an attorney for tl | nts for domestic support oblig his bankruptcy case. | ations, such as child support a | and alimony. Also, do |
| | . | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | of \$600 or more? | |
| | | | □ No. | Go to line 7 | | | | |
| | | | Yes | List below | | | I the total amount you paid tha | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Total amount

paid

Amount you

still owe

Dates of payment

page 2

Creditor's Name and Address

Was this payment for ...

| Sheranda Monick Searcy Johnnie Kay Searcy | | Cas | se number (if known) | | |
|--|--|---|---|---|--|
| ditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pay | yment for |
| ndlord | monthly payment \$1350 | \$4,050.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Cal ☐ Loan Rep ☐ Suppliers ☐ Other <u>La</u> | ayment or vendors |
| ders include your relatives; any general phich you are an officer, director, person siness you operate as a sole proprietor. ony. | partners; relatives of any ger in control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which yo g securities; and ar | ou are a general ny managing ag | l partner; corporation gent, including one fo |
| Yes. List all payments to an insider. | | | | | |
| der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| Yes. List all payments to an insider ider's Name and Address Identify Legal Actions, Repossession 1 year before you filed for bankrup | otcy, were you a party in a | | | Include credit | ng? |
| No | | | | | |
| se title | Nature of the case | Court or agency | | Status of the | e case |
| | | erty repossessed, f | foreclosed, garnis | shed, attached | , seized, or levied? |
| No. Go to line 11. Yes. Fill in the information below. | | | | | |
| ditor Name and Address | Describe the Property | d | Date | | Value of the property |
| | 2007 BMW 328 Property was repossed. | | - | | \$6,000.00 |
| | ditor's Name and Address andlord Anin 1 year before you filed for bankrup ders include your relatives; any general p nich you are an officer, director, person is siness you operate as a sole proprietor. Ony. No Yes. List all payments to an insider. Ider's Name and Address Inin 1 year before you filed for bankrup der? Ider payments on debts guaranteed or co No Yes. List all payments to an insider Ider's Name and Address Identify Legal Actions, Repossession In 1 year before you filed for bankrup all such matters, including personal injur ifications, and contract disputes. No Yes. Fill in the details. Inin 1 year before you filed for bankrup all such matters including personal injur ifications, and contract disputes. No Yes. Fill in the details. Inin 1 year before you filed for bankrup and that apply and fill in the details below. Inin 1 year before you filed for bankrup and that apply and fill in the details below. Inin 1 yes. Fill in the information below. Inin 1 year before you filed for bankrup and Address Intel Employees Credit Union Drawer 25279 | ditor's Name and Address Dates of payment monthly payment \$1350 Dates of payment monthly payment \$1350 Dates of payment monthly payment \$1350 Dates of payment \$1350 Dates of payment Dates of payment monthly payment \$1350 Dates of payment monthly payment p | ditor's Name and Address Dates of payment monthly payment \$4,050.00 Total amount paid monthly payment \$1350 Total amount paid monthly payment \$4,050.00 \$1350 Total amount paid monthly payment \$4,050.00 \$1350 Total amount paid total payment on a debt you of thers include your relatives; any general partners; relatives of any general partners; | ditor's Name and Address Dates of payment paid Total amount paid Amount you still owe monthly payment \$1350 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1350 Total amount paid Amount you still owe still owe still owe pers include you relatives; any general partners; partnerships of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and as siness you operate as a sole proprietor. 11 U.S.C. \$ 101. Include payments for domestic support obligation only. No Yes. List all payments to an insider. Ider's Name and Address Dates of payment Total amount paid Amount you still owe still owe still owe after: Amount you sti | ditor's Name and Address Dates of payment |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debto Debto | _ | | Case numb | Der (if known) | |
|-------------------|---|---|--|---------------------------|-------------------------|
| C | Creditor Name and Address | Describe the Prop | | Date | Value of the property |
| | One Main Financial 238 Kelso Dr | 2002 Lexus RX3 | | 11/2018 | \$4,000.00 |
| ŀ | Kelso, WA 98626 | ■ Property was rep □ Property was for □ Property was ga | reclosed. Irnished. | | |
| _ | Ca Mataur | | tached, seized or levied. | | \$40,000,00 |
| _ | Kia Motors PO Box 20815 | 2015 Kia Optima | l | January 2020 | \$10,000.00 |
| F | ountain Valley, CA 92728-0809 | ■ Property was rep □ Property was for □ Property was ga | reclosed. | | |
| | | ☐ Property was att | tached, seized or levied. | | |
| _ | No 1 Yes. Fill in the details. Creditor Name and Address | Describe the actio | on the creditor took | Date action was taken | Amount |
| | | or another official? | property in the possession of a | an assignee for the bene | efit of creditors, a |
| Part 5 | | | | | |
| 13. W ■ | lithin 2 years before you filed for banNoYes. Fill in the details for each gift. | kruptcy, did you give any | / gifts with a total value of mor | re than \$600 per person? | ? |
| | Sifts with a total value of more than \$ eer person | Describe the | gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift ar Address: | nd | | | |
| 14. W | ithin 2 years before you filed for ban No Yes. Fill in the details for each gift o | | / gifts or contributions with a t | total value of more than | \$600 to any charity? |
| n | Gifts or contributions to charities that nore than \$600 Charity's Name Address (Number, Street, City, State and ZIP C | t total Describe wha | at you contributed | Dates you contributed | Value |
| Part 6 | List Certain Losses | | | | |
| 15. W | ithin 1 year before you filed for bank gambling? | ruptcy or since you filed | for bankruptcy, did you lose a | nything because of thef | t, fire, other disaster |
| | No Yes. Fill in the details. | | | | |
| | Describe the property you lost and now the loss occurred | _ | ce coverage for the loss | Date of your | Value of property |
| n | iow the loss occurred | | t insurance has paid. List pending e 33 of Schedule A/B: Property. | g | lost |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Part 7: List Certain Payments or Transfers

| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared. | aring a bankruptcy pet | ition? | | | ty to anyone you |
|------------|---|---|--|--------------|--|---|
| | □ No ■ Yes Fill in the details | | | | | |
| | Yes. Fill in the details. Person Who Was Paid | Description and v | alue of any propert | ty | Date payment | Amount of |
| | Address Email or website address Person Who Made the Payment, if Not You | transferred | | | or transfer was made | payment |
| | Brown and Seelye 744 S Fawcett Ave Tacoma, WA 98402 stopdebt@gmail.com | 750 | | | 2019 | \$750.00 |
| | Credit Counseling | Mandatory cred | it counseling | | 2019 | Unknown |
| 7 . | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you are not included any payment or transfer that you are not yes. Fill in the details. | s or to make payments | | | r transfer any proper | rty to anyone who |
| | Person Who Was Paid Address | Description and v transferred | alue of any propert | ty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your but Include both outright transfers and transfers mad include gifts and transfers that you have already | siness or financial affa de as security (such as t | nirs? he granting of a secu | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | • | Description and value of property transferred payments paid in exception | | | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No ☐ Yes. Fill in the details. | | y property to a self | -settled tru | st or similar device o | of which you are a |
| | Name of trust | Description and v | alue of the property | y transferre | ed | Date Transfer was made |
| Pai | t 8: List of Certain Financial Accounts, Inst | ruments. Safe Deposit | Boxes, and Storag | ıe Units | | |
| 20. | | , were any financial ac | counts or instrume | nts held in | your name, or for yo | our benefit, closed, |
| | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | | | deposit; sh | ares in banks, credit | unions, brokerage |
| | Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of account of instrument | clo | e account was sed, sold, ved, or nsferred | Last balance before closing or transfer |
| | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Sheranda Monick Searcy
Debtor 2 Johnnie Kay Searcy

Case number (if known)

| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | before you filed for bankruptcy, a | ny safe deposit box or other deposito | ry for securities, |
|------|---|--|---------------------------------------|-----------------------|
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | lace other than your home within 1 | year before you filed for bankruptcy? | • |
| | ■ No | | | |
| | ☐ Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | t 10: Give Details About Environmental Inform | • | | |
| For | the purpose of Part 10, the following definitions | annly | | |
| 1 01 | the purpose of rart to, the following definitions | арріу. | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface water, ground | - • | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | aw, whether you now own, operate, c | or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | waste, hazardous substance, toxic s | ubstance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | they occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor : | | | Case number (if known) | |
|---|---|--|---|-----|
| 26. Hav | ve you been a party in any judicial or a | dministrative proceeding under any en | vironmental law? Include settlements and orders. | |
| | No Yes. Fill in the details. | | | |
| | ise Title ise Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case Status of the case | he |
| Part 11 | : Give Details About Your Business of | or Connections to Any Business | | |
| 27. Wit | hin 4 years before you filed for bankru | ptcy, did you own a business or have a | any of the following connections to any business? | |
| | ☐ A sole proprietor or self-employed | d in a trade, profession, or other activity | y, either full-time or part-time | |
| | ☐ A member of a limited liability con | npany (LLC) or limited liability partners | hip (LLP) | |
| | ☐ A partner in a partnership | | | |
| | ☐ An officer, director, or managing € | executive of a corporation | | |
| | ☐ An owner of at least 5% of the vot | ing or equity securities of a corporation | n | |
| | No. None of the above applies. Go to | Part 12. | | |
| | Yes. Check all that apply above and f | ill in the details below for each busine | ss. | |
| | isiness Name | Describe the nature of the business | | |
| | Idress Imber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security number or ITIN Dates business existed | |
| ins | No Yes. Fill in the details below. | ptcy, did you give a financial statemen Date Issued | t to anyone about your business? Include all financ | ial |
| | Idress ımber, Street, City, State and ZIP Code) | | | |
| Part 12 | Sign Below | | | |
| are true with a b 18 U.S.C /s/ She Sherar | and correct. I understand that making ankruptcy case can result in fines up t C. §§ 152, 1341, 1519, and 3571. eranda Monick Searcy nda Monick Searcy | a false statement, concealing property o \$250,000, or imprisonment for up to 2 /s/ Johnnie Kay Searcy Johnnie Kay Searcy | and I declare under penalty of perjury that the answer, or obtaining money or property by fraud in connect 20 years, or both. | |
| Signati | ure of Debtor 1 | Signature of Debtor 2 | | |
| Date | December 30, 2019 | Date December 30, 20 | 19 | |
| Did you ■ No □ Yes | attach additional pages to Your Stater | nent of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)? | |
| Did you ■ No | pay or agree to pay someone who is n | ot an attorney to help you fill out bank | ruptcy forms? | |
| ⊐ Yes. I | Name of Person Attach the <i>Bank</i> | ruptcy Petition Preparer's Notice, Declara | tion, and Signature (Official Form 119). | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 | Sheranda Monick | Sparcy | | | |
|---|--|---|---|--|------|
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 | Johnnie Kay Sear | | | _ | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Jnited States Ba | ankruptcy Court for the: | WESTERN DIST | RICT OF WASHINGTON | _ | |
| Case number | | | | | |
| if known) | | | | ☐ Check if this is an amended filing | ı |
| | | | | amended ming | |
| | 400 | | | | |
| Official Fo | | | | | |
| Stateme | nt of Intentio | n for Indiv | viduals Filing Under Cha | pter 7 | 2/15 |
| | | | = | | |
| - | lividual filing under chap | - | ill out this form if: | | |
| | ve claims secured by you | | | | |
| | sed personal property ar | | not expired. r you file your bankruptcy petition or by the da | ata sat for the meeting of credite | re |
| | ever is earlier, unless the | | he time for cause. You must also send copies | | |
| | eople are filing together nd date the form. | in a joint case, b | oth are equally responsible for supplying corr | rect information. Both debtors m | ust |
| | | | | | |
| | and accurate as possibl our name and case num | | is needed, attach a separate sheet to this form | n. On the top of any additional pa | ges, |
| write y | our name and case num | ber (if known). | s needed, attach a separate sheet to this form | n. On the top of any additional pa | ges, |
| write y | | ber (if known). | is needed, attach a separate sheet to this form | n. On the top of any additional pa | ges, |
| write y Part 1: List Y For any credit | our name and case num our Creditors Who Have tors that you listed in Pa | ber (if known). Secured Claims | is needed, attach a separate sheet to this form D: Creditors Who Have Claims Secured by Pro | , , , | |
| write y Part 1: List Y For any credit information b | our name and case num our Creditors Who Have tors that you listed in Pa | ber (if known). Secured Claims rt 1 of Schedule I | | operty (Official Form 106D), fill in y that Did you claim the pro | the |
| write y Part 1: List Y For any credit information b | our name and case num our Creditors Who Have tors that you listed in Pa elow. | ber (if known). Secured Claims rt 1 of Schedule I | D: Creditors Who Have Claims Secured by Pro | operty (Official Form 106D), fill in | the |
| write y Part 1: List Y For any credit information b | our name and case num our Creditors Who Have tors that you listed in Pa elow. | ber (if known). Secured Claims rt 1 of Schedule I | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property | operty (Official Form 106D), fill in y that Did you claim the pro | the |
| For any credit information b Identify the cr | our name and case num our Creditors Who Have tors that you listed in Pa elow. | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? | operty (Official Form 106D), fill in y that Did you claim the pro | the |
| Part 1: List Y For any credit information be Identify the cr | our name and case num our Creditors Who Have tors that you listed in Pa elow. reditor and the property th | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. | operty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu | the |
| For any credit information be identify the creditor's creditor's name: | our name and case num our Creditors Who Have tors that you listed in Pa elow. reditor and the property th | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a | operty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu | the |
| For any credit information be identify the creditor's creditor's name: | your name and case num Your Creditors Who Have tors that you listed in Pa elow. reditor and the property the | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | operty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu | the |
| Part 1: List Y For any credit information be Identify the creditor's Creditor's Creditor's Coname: Description of | Your name and case number our Creditors Who Have tors that you listed in Palelow. Treditor and the property the Credit Acceptance Co. | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a | operty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu | the |
| Part 1: List Y For any credit information be identify the creditor's contained in the | your name and case number our Creditors Who Have tors that you listed in Palelow. The reditor and the property the Credit Acceptance Co. | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes | the |
| Part 1: List Y For any creditinformation be Identify the creditor's Creditor's Coname: Description of property securing debt | Your name and case number our Creditors Who Have tors that you listed in Palelow. Treditor and the property the Credit Acceptance Co. | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | operty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu | the |
| Part 1: List Y For any credit information be identify the creditor's contained in the | your name and case number our Creditors Who Have tors that you listed in Palelow. The reditor and the property the Credit Acceptance Co. | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property. Retain the property and redeem it. | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes | the |
| Part 1: List Y For any creditinformation be Identify the creditor's Creditor's Coname: Description of property securing debt | Your name and case number our Creditors Who Have stors that you listed in Palelow. The creditor and the property the credit Acceptance Conference Conference Patriot 1 | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property. Retain the property and redeem it. Retain the property and redeem it. Retain the property and enter into a | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes | the |
| Creditor's name: Description of property securing debt Creditor's finame: | Your name and case number our Creditors Who Have stors that you listed in Palelow. The creditor and the property the credit Acceptance Conference Conference Patriot 1 | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property. Retain the property and redeem it. | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes | the |
| Part 1: List Y For any creditinformation b Identify the cr Creditor's (name: Description of property securing debt Creditor's F name: Description of | Your name and case number our Creditors Who Have tors that you listed in Palelow. Treditor and the property the Credit Acceptance Config. 2008 Jeep Patriot 1 | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property. Retain the property and redeem it. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes | the |
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| Creditor's name: Description of property securing debt Creditor's F name: Description of property securing debt | Your name and case number our Creditors Who Have tors that you listed in Palelow. Treditor and the property the Credit Acceptance Config. 2008 Jeep Patriot 1 | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes | the |
| Creditor's name: Description of property securing debt Creditor's frame: Description of property securing debt Creditor's frame: Creditor's frame: Creditor's frame: Creditor's frame: Creditor's frame: | Your name and case num Your Creditors Who Have tors that you listed in Pa elow. Treditor and the property the Credit Acceptance Co 1 2008 Jeep Patriot 1 The Progressive Leasing The Phone The Progressive Leasing The Phone The Progressive Leasing | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property and redeem it. Retain the property and redeem it. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes No Yes | the |
| Creditor's name: Description of property securing debt Creditor's frame: Description of property securing debt Creditor's frame: Description of property securing debt | Your name and case num Your Creditors Who Have tors that you listed in Pa elow. Treditor and the property the Credit Acceptance Co 1 2008 Jeep Patriot 1 The Progressive Leasing The Phone The Progressive Leasing The Phone The Progressive Leasing | ber (if known). Secured Claims rt 1 of Schedule I at is collateral | D: Creditors Who Have Claims Secured by Pro What do you intend to do with the property secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Surrender the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | pperty (Official Form 106D), fill in y that Did you claim the pro as exempt on Schedu No Yes No Yes | the |

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| Debtor 1 Debtor 2 | | Monick Searcy Kay Searcy | | Case number (if known | |
|-----------------------|----------------|--|--------------------------|-------------------------------------|---|
| securi | ng debt: | | | | <u> </u> |
| Part 2: | List Your U | nexpired Personal Property Lea | ises | | |
| in the inf | ormation belo | | s. Unexpired leases are | leases that are still in effect; th | ed Leases (Official Form 106G), fill le lease period has not yet ended. 2). |
| Describe | e your unexpi | red personal property leases | | | Will the lease be assumed? |
| Lessor's | name: | Landlord | | | □ No |
| | | | | | ■ Yes |
| Descripti Property | on of leased | Residential Lease with lan | dlord | | |
| Part 3: | Sign Below | | | | |
| | , , , | ry, I declare that I have indicate t to an unexpired lease. | ed my intention about an | y property of my estate that se | ecures a debt and any personal |
| χ /s/ | Sheranda M | onick Searcy | χ /s/ | Johnnie Kay Searcy | |
| Sh | eranda Mon | ick Searcy | Jo | hnnie Kay Searcy | |
| Sig | nature of Debt | or 1 | Sig | gnature of Debtor 2 | |
| Dat | e Decen | nber 30, 2019 | Date | December 30, 2019 | |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Western District of Washington

| In re | Sheranda Monick Searcy Johnnie Kay Searcy | Case No. | |
|-------|---|---------------------------------------|------------------------------------|
| | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION OF ATTORN | EY FOR DE | BTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney compensation paid to me within one year before the filing of the petition in bankruptcy, or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy. | agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | \$ | 750.00 |
| | Prior to the filing of this statement I have received | \$ | 750.00 |
| | Balance Due | | 0.00 |
| 2. | The source of the compensation paid to me was: | | |
| | ■ Debtor □ Other (specify): | | |
| 3. | The source of compensation to be paid to me is: | | |
| | ■ Debtor □ Other (specify): | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other person unl | ess they are memb | pers and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the co | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects o | f the bankruptcy ca | ase, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determ b. Preparation and filing of any petition, schedules, statement of affairs and plan which m c. Representation of the debtor at the meeting of creditors and confirmation hearing, and a d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exem | ay be required; any adjourned hear | rings thereof; |
| | reaffirmation agreements and applications as needed. | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee does not include the following se | rvice: | |

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceedings, garnishment notifications, post-petition amendments, drivers license suspension notification to DOL, motion to avoid liens and duplicate copies of documents; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

| Sherand | a Mo | nick | Searcy |
|----------------|------|------|--------|
| Johnnie | | | |

In re

| Case No. | | | |
|----------|--|--|--|
|----------|--|--|--|

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | | CERTI | FICATION | |
|------------------------|--|--------------------------|--|--|
| | certify that the foregoing is a complete ankruptcy proceeding. | statement of any agreeme | nt or arrangement for payment to me for representation of the debtor(s) in | |
| December 30, 2019 | | | /s/ Ellen Ann Brown | |
| Date | | | Ellen Ann Brown 27992 | |
| | | | Signature of Attorney | |
| | | | Brown and Seelye | |
| | | | 744 S Fawcett Ave Tacoma, WA 98402 | |
| | | | 253-573-1958 Fax: 1-866-422-6196 | |
| | | | StopDebt@gmail.com | |
| | | | Name of law firm | |
| Date | December 30, 2019 | Signature | /s/ Sheranda Monick Searcy | |
| 2 | | | Sheranda Monick Searcy | |
| | | | Debtor | |
| Date December 30, 2019 | Signature | /s/ Johnnie Kay Searcy | | |
| | | Johnnie Kay Searcy | | |
| | | | Joint Debtor | |

United States Bankruptcy Court Western District of Washington

| | Sheranda Monick Searcy | | | |
|---------|------------------------|--|----------|---------------------|
| In re | Johnnie Kay Searcy | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| The abo | | CATION OF CREDITOR Notes the attached list of creditors is true and core | | of their knowledge. |
| Date: | December 30, 2019 | /s/ Sheranda Monick Searcy Sheranda Monick Searcy Signature of Debtor | | |
| Date: | December 30, 2019 | /s/ Johnnie Kay Searcy Johnnie Kay Searcy | | |

Signature of Debtor

AARON SALES & LEASE OW 1015 COBB PLACE BLVD NW KENNESAW, GA 30144

ABC TRANSMISSION SERVICES 5032 S TACOMA WAY TACOMA, WA 98409

ACCEPTANCE NOW 5501 HEADQUARTERS DR PLANO, TX 75024

AFNI, INC. PO BOX 3097 BLOOMINGTON, IL 61702

APPLIED BANK PO BOX 17125 WILMINGTON, DE 19850

AT&T PO BOX 78522 PHOENIX, AZ 85062

BANKAMERICA 4909 SAVARESE CIR TAMPA, FL 33634

BERKLEY NORTH PACIFIC 660 E WATERTOWER ST MERIDIAN, ID 83642

CAPITAL ONE BANKRUPTY DEPT PO BOX 30285 SALT LAKE CITY, UT 84130

CAR PROS KIA 181 S 333RD ST STE 210 FEDERAL WAY, WA 98003

CAROLINA MEDICAL PO BOX 127 CONCORD, NC 28025 CENTURYLINK PO BOX 12480 SEATTLE, WA 98111

CHEXSYSTEMS
ATTN: CUSTOMER RELATIONS
7805 HUDSON RD STE 100
SAINT PAUL, MN 55125

CHI FRANCISCAN PO BOX 2197 TACOMA, WA 98401

CITI POB 6241 SIOUX FALLS, SD 57117

CITI AUTO 2208 HIGHWAY 121 STE 100 BEDFORD, TX 76021

CITIMORTGAGE INC PO BOX 9438 GAITHERSBURG, MD 20898

CLICK CABLE TV 3628 SOUTH 35TH ST TACOMA, WA 98409

COMCAST PO BOX 34227 SEATTLE, WA 98124

CONSTAR FINANCIAL SERVICES 10400 N 25TH AVE STE 100 PHOENIX, AZ 85021

CORPORATE AMERICA FCU 2075 BIG TIMBER RD ELGIN, IL 60123

CREDIT ACCEPTANCE CORP PO BOX 55000 DEPT 188801 DETROIT, MI 48255 CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV 89193

DBA PARAGON REVENUE GR PO BOX 126 CONCORD, NC 28026

DIRECTV ATTN BANKRUPTCY CLAIMS PO BOX 6550 ENGLEWOOD, CO 80155

EQUIFAX PO BOX 30272 TAMPA, FL 33630

EXPERIAN
PROFILE MAINTENANCE
PO BOX 9558
ALLEN, TX 75013

FED LOAN SERV PO BOX 60610 HARRISBURG, PA 17106

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57104

FNCB 610 WALTHAM WAY SPARKS, NV 89434

FRANKLIN COLLECTION SV 2978 W JACKSON ST TUPELO, MS 38801

FRD MOTOR CR PO BOX BOX 542000 OMAHA, NE 68154

GEICO ONE GEICO PLAZA MACON, GA 31296 HSBC AUTO PO BOX 961245 FORT WORTH, TX 76161

HYUNDAI CAPITAL AMERICA P.O. BOX 629027 EL DORADO HILLS, CA 95762

IC SYSTEM
444 HWY 96 E
PO BOX 64887
SAINT PAUL, MN 55164

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101

KIA MOTORS FINANCE 4000 MACARTHUR BLVD STE NEWPORT BEACH, CA 92660

LION LOANS PO BOX 1547 SANDY, UT 84091

MABT/CONTFIN POB 8099 NEWARK, DE 19714

MARINE FEDERAL CREDIT 159 BRYNN MARR RD JACKSONVILLE, NC 28546

MERRICK BANK POB 9201 OLD BETHPAGE, NY 11804

MONEYTREE INC 13107 MERIDIAN AVE E STE 101 PUYALLUP, WA 98373

MOSES CONE BEHAVIORAL HEALTH 1121 N CHURCH ST. GREENSBORO, NC 27401

MULTICARE
PO BOX 34883
SEATTLE, WA 98124

NORTH CAROLINA DMV 3111 MAIL SERVICE CENTER RALEIGH, NC 27699

NORTH CAROLINA DMV 3120 MAIL SERVICE CENTER RALEIGH, NC 27699

NORTH CAROLINA DMV 3116 MAIL SERVICE CENTER RALEIGH, NC 27699

NORTH CAROLINA DOR ASHEVILLE BUILDING 1500 PINECROFT RD #300 GREENSBORO, NC 27404

NORTH CAROLING DOR PO BOX 25000 RALEIGH, NC 27640

NORTHEAST ORTHOPEDIC 42 UNION ST CONCORD, NC 28025

ONEMAIN PO BOX 1010 EVANSVILLE, IN 47706

PARAGON REVENUE GROUP PO BOX 127 CONCORD, NC 28026

PIEDMONT ADVANTAGE CU 3530 ADVANTAGE WAY WINSTON SALEM, NC 27103

PORTFOLIO RECOVERY ASS 120 CORPORATE BLVD STE 1 NORFOLK, VA 23502 PROGRESSIVE LEASING 256 WEST DATA DR DRAPER, UT 84020

PROGRESSIVE LEASING PO BOX 413110 SALT LAKE CITY, UT 84141

PSC PO BOX 66995 TACOMA, WA 98464-6995

PUBLIC STORAGE 6720 24TH ST W TACOMA, WA 98466

RHODES KELLY & ASSOCIATES INC 1036 BRANCHVIEW DR NE STE 202 CONCORD, NC 28025

RSD PROPERTIES 2115 CRYSTAL SPRINGS ROAD W TACOMA, WA 98466

SANTANDER CONSUMER USA PO BOX 961245 FT WORTH, TX 76161

SCA COLLECTIONS INC PO BOX 876 GREENVILLE, NC 27835

SNAP FINANCE 1760 2100 S #26561 SALT LAKE CITY, UT 84199

SPRINT
P.O. BOX 54977
LOS ANGELES, CA 90054

STATE COLLECTION SERVI 2509 S STOUGHTON RD MADISON, WI 53716 STATE EMPLOYEES CREDIT UNION PO DRAWER 25279 RALEIGH, NC 27611

STATE EMPLOYEES CREDIT UNION PO BOX 16616 GREENSBORO, NC 27416

STATE OF WASHINGTON DEPARTMENT OF LICENSING PO BOX 9030 OLYMPIA, WA 98507

STRAYER UNIVERSITY 1133 15TH ST NW WASHINGTON, DC 20005

TACOMA EMERGENCY CARE PHY PO BOX 661448 ARCADIA, CA 91066

TACOMA PUBLIC UTILITIES 3628 S 35TH STREET TACOMA, WA 98409

THD/CBNA PO BOX 6497 SIOUX FALLS, SD 57117

TMOBILE
PO BOX 660252
DALLAS, TX 75266

TRA MEDICAL IMAGING
P.O. BOX 2429
INDIANAPOLIS, IN 46206-2429

TRANSUNION 555 WEST ADAMS ST CHICAGO, IL 60611

TRULIANT FEDERAL CU 3200 TRULIANT WAY WINSTON SALEM, NC 27103 VANTAGE RADIOLOGY & DIAGNOSTIC PO BOX 26730 FEDERAL WAY, WA 98093

VERIZON
P.O. BOX 650584
DALLAS, TX 75265

VERIZON WIRELESS PO BOX 49 LAKELAND, FL 33802

VERVE MASTERCARD PO BOX 8099 NEWARK, DE 19714

WELLS FARGO CREDIT BUREAU DISPUTE RESOLUTI DES MOINES, IA 50306

WELLSFARGO 800 WALNUT ST DES MOINES, IA 50309